DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First naurs after death. (Type ar print) 210 AM 211 6 IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) MONTHS DAYS HOURS YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? country) WIDOWED Gen DIVORCED nosulvania 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) Pine View Bendens during nost of warking life, everif retired.) **INDUSTRY** attending physician and completely permit. Then please remave carbon Health Care Center I Estate Broker Nea event 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY 0/4 crematian, ar remaval, and in any IS. METHER'S MAIDEN NAME First 14. FATHER'S NAME 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) 5405 Center Dr. S.E. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) Canditians, if any, which gave burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF þ stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) aftending has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO far use Health O FUNERAL DIRECTOR: After this certificate the hospital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year d. (If either, notify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City of Town County OFFICE BUILDING ETC. While Nat while at work at wark 1967, to Sept 220. I certify that (I) (this hespital) attended the deceased from (1) 19 68, and that in (my) (apinion death accurred on the date and hour and from the saw the deceased alive on Sept 1 be retained shauld causes stated above, (1) (wo) (did) (didnet) view the body after death 22b. SIGNATURE STAFF PHYS. directar, page 3 shauld be filed v DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) (State) 23h DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION. REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE NERAL DIRECTOR ochanles mont 1968 SEP

MARYLAND STATE DEPARTMENT OF HEALTH

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hours after death.

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in pencil

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner

necessary, please execute the certificate, writing the word "pending"

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Health prior to burial, cremation, or removal, and in any event within 72

DICAL EXAMINER: This certificate should be executed within

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 13325 |
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|-------|

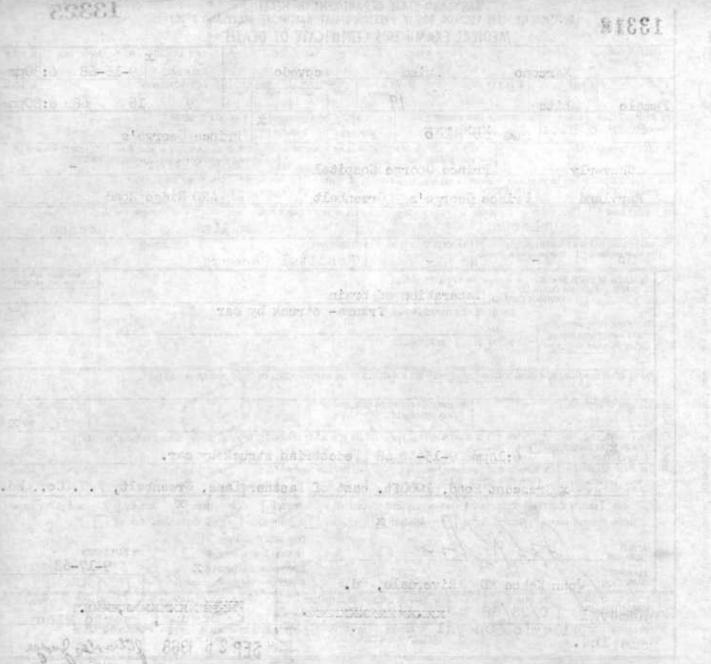
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2b. HOUR

1331 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME (Type or Print) 20. DATE KNOWN OF ESTI-First Middle Lost Month Doy

| | Marce | ono | Luisa | Aceve | edo | DEA | ATH MATED | 1 9-16. | -68 | 196: BODMW |
|-------------------------|--|--------------------------|--------------------------------------|----------------------|-------------------|--------------------|------------------|---------------|-----------|--|
| 3. SEX | 4. RACE | S. DATE OF BIRT | H 6. AGE (In years | MONTHS DAYS | HOURS | 24. UA | TE PRONOUNCE | | | 2d. HOUR |
| Female | White | 1000 | lost birthday) YR | | HOUKS | min. Mi | onth | 18 | 681 | 9 6:30ртм |
| O. BIRTHPLACE (| Stote or foreign | 7b. CITIZEN OF WHA | | ARRIED NEVER MA | RRIED - | 9. COUNTY OF | | N. Plate | | |
| country[Puel | to Rico | Puer Vol | | | ORCED | | Georg | no 1 e | | Md |
| O. CITY OR TOW | N OF DEATH | | ME OF HOSPITAL OR INSTITUTION | | | SUAL OCCUPATION | | | 12b. KIND | OF BUSINESS OR |
| 01 | 2 | give st | reet oddress) | | | most of working | | | INDUSTRY | |
| Gne | verly | ed lived if institut | ince George Ho | Y OR TOWN 113 | Id. INSIDE CITY L | | REET AND NUM | | | |
| odmission) 51 | ATE | Prince C | Loongo La | | YES N | | Ridge | | | |
| 4. FATHER'S NAM | | Middle | lost | IS MOTHER'S MAI | | | | ddle | | Lank |
| 4. FAIRER 3 NAM | | known | 1021 | 15. MUTHER 5 MAI | | melia | MI | | | lost |
| / DECEASE | | | т. | | 43 | THA TTR | | | arco | no |
| Yes, no er unk | D EVER IN U.S. ARMED F | war or dates of service) | 16b. SOCIAL SECURITY NO. | 17, INFORMANT | 2 | | ADDRE | 22 | | |
| MO | | - | | Hospita | al Re | cords | | | | |
| 18. CAUSE | | | e for (o), (b), ond (c).) | | | | | | | ROXIMATE INTERVAL EN ONSET AND DEATH |
| PARI | I. DEATH WAS CAUSED | ATE CAUSE (0) LE | aceration of b | orain | | | 200 | 1 | 100 | |
| 81 | 4,7 | DUE TO, OR / | AS A CONSEQUENCE OF Tra | auma- str | ack by | car | | 38.43 | 0.56 | 100 |
| | if ony, which gove | | | | | | | | 1 | |
| | nediote couse (o), (underlying couse (| | AS A CONSEQUENCE OF | | 17.75 | 614.17 | | 1600 | | 35-1-50 |
| last. | January Ing Cose | (3) | | | | | | | 1458 | |
| PART 2 OTH | FR SIGNIFICANT COND | (c) | IG TO DEATH BUT NOT RELATED | TO THE TERMINAL C | NEEWEE UP U | ONDITION CIVE | IN DAPT 1/o) | - | , | |
| 17/2 | 4 | mons contribution | DOT NOT REDITE | TO THE TERMINAL D | NISERSE OR C | ONDITION OITE | THE TAKE 1(0) | | | |
| 190. DATE C | F OPERATION | | 19b. CONDITION FOR WHICH OF | PERATION | | | 7 16 | | 20. A | AUTOPSY? |
| ₹ . | | | WAS PERFORMED? | | | | | | | ES NO X |
| 210. EXTERN | IAL CAUSE WAS | 215 TIME OF IT | NJURY Month, Doy, Yeor | 21c HOW INITIRY OF | CURRED /En | ter noture of in | jury in Port 1 / | or Port 2 Ite | | o lo ag |
| | OR CONTRIBUTING | 1 HOUR AM | | | | | | n 1011 2, 110 | 111 10.7 | |
| PRIMARY X CAUSE OF D | | | 9-15- 19 68 t home; form, street, | 21f. LOCATION Street | | | ity or Town | | County | Stote |
| | NOT WHILE TO | ctory, office building | , etc.) | ZII. LOCATION SITEET | or K.P.D. NO. | T . | or rown | 7.4 | TOUR | 0 - 1016 |
| | | | | | | | | | | |
| | | _ | e remoins described obo | | | | | | | in my opinion |
| deoth | resulted from: | Notural couse | es 🕖, Accident 🔀, | Suicide, | Homicid | e 🔲, Un | determined | monner [| | |
| 10000000 | // | - /1/ | // | CHI | EF MEDICAL | EXAMINER [| | | | |
| ACTUAL | 1 / | 4 No | M | M.D. ASS | ISTANT MEDI | ICAL EXAMINER | | 22b. DATE S | | |
| EXAMINE | 111 | 1/5 | | DEP | UTY MEDICA | L EXAMINER | K) | 9 | 7-17- | 68 |
| NAME (Ty | | ehoe MD | Riverdale, | d. ADI | RESS(Street | , city, town, or o | county) | | | |
| 23o. BURIAL, CRI | MATION, 23b. | DATE | 23c. NAME OF CEMETER | Y OR CREMATORY | | 234 LOCATI | ON (City or To | wn) | (County) | (Stote) |
| Int Man | 學歌走 9 | /23/68 | RAXXXXX | | | (12 | 01122 | Puer | to F | 2100 |
| | RECHORNALLE Y | y's Fune | eral ADDRESS M | <u> </u> | 250 REC'D | BY REGISTRAR | 2Sb. RF | EGISTRAR'S SI | IGNATURE | |
| Home | | | Maryland | 2 | DATE S | FP 26 | 1968 | Ocho | Ma | Judge |
| all the - | | | | | DAIL | LINO | VYV | 1 | . 4 | A SHALL SHAL |

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Department of with the Sta death 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Health priar to burial, cremation, or removal, and in ony event within 72 hours

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Market I. the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Offi TO DEPUTY

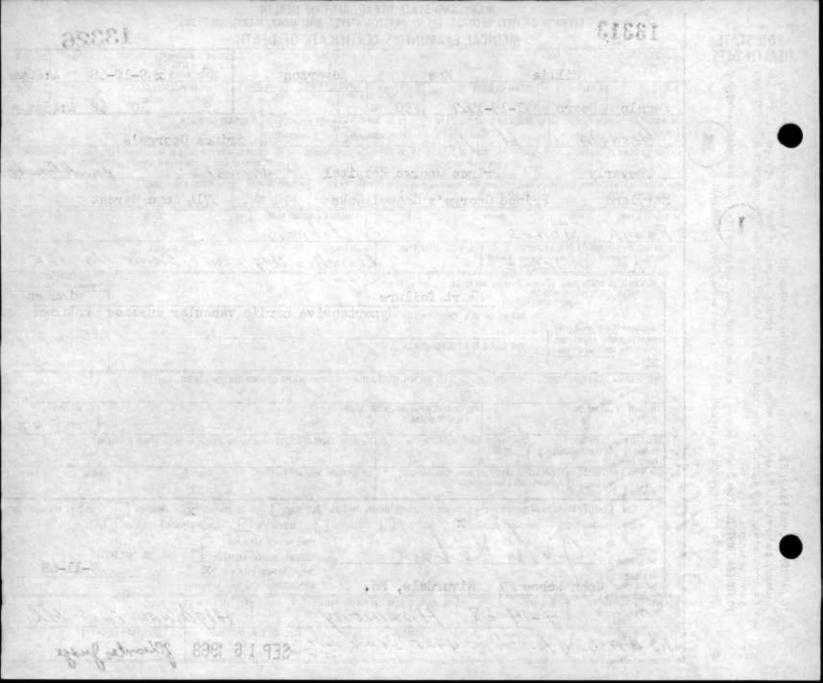
VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13326

| 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCE | 9-10-68 19 4:40am D DEAD 2d. HOUR |
|---|--------------------------------------|
| 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCE | D DEAD 2d HOUR |
| (ost birthday) MONTHS DAYS HOURS MIN 11-44 | |
| Female Negro 11-15-1917 50 YRS. MANTHS DAYS HOURS MIN. Month | 10 68 194:45am M |
| | 10 00 14:40am w |
| (country) | |
| Qeongin U.S. H. WIDOWED Prince Georgia | |
| 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of wo | |
| qive street oddress) Cheverly Prince George Hospital Vomesfix | retired.) INDISTRY PRIVATE FAMILY |
| 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUM | |
| 1 : 1 CTATE 101 COUNTY | e Street |
| 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Mid | ddle Lost |
| FRANK Jones Unknown | |
| 16o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRE | |
| (Yes, no, or unknown) (If yes give wor an dates of service) Cornelius Adgenson 314 | me As ISE |
| 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) | APPROXIMATE INTERVAL |
| PART I. DEATH WAS CAUSED BY: Hoart failure | BETWEEN ONSET AND DEATH Minutes |
| IMMEDIATE CAUSE (o) REAL TRAILITE DUE TO, OR AS A CONSEQUENCE OF Hypertensive cardio vascular d | |
| | usease unknown |
| Conditions, if ony, which gove rise to immediate couse (a), (b) | |
| stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | TOWN STORY |
| lost. | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) | |
| 1443 X | |
| 19b. CONDITION FOR WHICH OPERATION 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INITIRY OF CURRED (Enter noture of injury in Port 1 or 1) 21d. INITIRY OF CURRED (Enter noture of injury in Port 1 or 1) 21d. INITIRY OF CURRED (Enter noture of injury in Port 1 or 1) 21d. INITIRY OF CURRED (Enter noture of injury in Port 1 or 1) | 20. AUTOPSY? |
| WAS PERFORMED? | |
| C DI CATONIA CHIEF MAC DI TIME OF MUINA A D. V. DI HOM MUINA OCCUPATA | YES NO X |
| 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 o | r Port 2, Item 18.) |
| CAUSE OF DEATH P.M. 19 | |
| 216. Take of moki (M nome, form, sheer, | County Stote |
| WHILE NOT WHILE foctory, office building, etc.) | |
| 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection x, In | quiry , ond in my opinion |
| deoth resulted from: Notural causes X, Accident , Suicide , Homicide , Undetermined | monner |
| CHIEF MEDICAL EXAMINER | |
| ACTUAL ACTUAL | 22b. DATE SIGNED |
| DEDUTY HEDICAL EVANUED TO | 9-11-68 |
| NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) | , 111 |
| | |
| 230. REMOVAL (Special 9-14-68 23c. NAME, OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tov | nd tack Md |
| | GISTRAR'S SIGNATURE |
| 4.3. WAShing for 4000 4923 DEARE NE DE 16 1968 80 | learles Judge |



MARYLAND STATE DEPARTMENT OF HEALTH

13327 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201.

| HECOHDS | , 001 | | 142010 | | , | |
|---------|-------|------|--------|----|-----|----|
| | CFR | FIFL | CATE | OF | DEA | TH |

| 2000 | | | | EITHIGA | IL OI L | EATH | | | | | |
|---|-----------------|-------------------------------|--|-----------------|--------------|--------------------------|----------------|---|--------------------------|--|----------------------------|
| 1. DECEASED-NAME (Type or print) | First | | Middle | ħ. | Last | | 2a. DATE OF | | oy 19 Year | 169 1 | 2b. HOUR |
| | Maria | | D. | | Ltcheso | | | | | | 4:30 N |
| 3. SEX | | 4. RACE | | 5 | DATE OF BIRT | | | 6. AGE (In years last birthday) | MONTHS O | AR IF U | JNDER 24 HRS. HURS MIN. |
| Female | | White | | | 9-15-9 | | | 76 YRS. | | | |
| 7a. BIRTHPLACE (State country) | ar fareign | 7b. CITIZEN OF WHA | AT COUNTRY? | 8. MARRIED X | | ED [| 9. COUNTY OF | | | | |
| Md. | | U.S.A. | | WIDOWED | | | | ce Georges | | | Mo |
| 10. CITY OR TOWN OF D Beltsvill | | give st | ME OF HOSPITAL OR INS reet address) 609 Gun Po | | | | | (Kind of work dane life, even if retired.) | | D OF BUSII | NESS OR |
| 13a. USUAL RESIDENCE | (Where decease | d lived, if institution | in: Residence befare | 13c. CITY OR T | OWN 13 | d. INSIDE CITY LIN | AITS? 13e. ST | REET AND NUMBER | | | |
| admission) STATE Mo | i. | 13b. COUNTY P | cince Geor | ges Be | ltsvill | AE □ NO | 126 | 609 Gun Po | wder F | Road | |
| 14. FATHER'S NAME | First | Middle | last | | MOTHER'S MAI | | rst | Middle | | L | .ast |
| V | Villiam | P. | DOING | - | | F | anny | | | Parl | ker |
| 16a. WAS DECEASED EV | | | 16b. SOCIAL SECURITY N | O. 17. INF | ORMANT | | 111 | Address | | | C |
| Yes, na, ar unknawn | (it yes give wo | r or dates of service) | | A | Illia | mel | Witc | heran! | Belly | ell | " My |
| IB. CAUSE OF DI | ATH (Enter anly | ane cause per line | far (a) (b) and (c)) | / | 1 - | 26, | / | / | | PROXIMATE I | AND DEATH |
| PART I. DEAT | H WAS CAUSED | BY: TE CAUSE (a) | Cler | los | elle | we | mo | Dey | 9 | 170 | 20 |
| 433 | 3 | , , | A CONSEQUENCE OF | 11 | 1.1 | 1111 | 4. | 10/10. | wic | delle | han |
| Canditians, if any | | (b) | 9 | Me | 2016 | eu | cuo | Tolly | 2201 | rece | nund |
| rise to immedia stating the unde | | | A CONSEQUENCE OF | 15-7-5 | | To the | | | | | |
| last. | mying coose | (c) | | | | | | | | | |
| PART 2. OTHER S | GNIFICANT COND | DITIONS CONTRIBUT | ING TO DEATH BUT NO | T RELATED TO | THE TERMINAL | DISEASE OR CO | ONDITION GIVE | N IN PART 1(a) | | | |
| x 332 | X | | | | | | | | | | |
| 19a. DATE OF OPER | ATION 19b. C | ONDITION FOR WHIC | H OPERATION WAS PER | RFORMED | 20a. AUTOP | SY? | | YES, WERE FINDINGS | CONSIDERED I | N CERTIF | YING |
| TIE | | | | | YES 🗌 | NO 🗌 | CAUSES | S OF DEATH? | | | |
| | | LIO. HINE OI | | 21c. HOV | INJURY OCCU | RRED (Enter | nature af inju | ry in Part 1 ar Part 2 | , Item 18.) | | |
| OR CONTRIBUTING | | | Manth Day Year | | | | | | | | |
| ZIG. INJUKT UCC | JRRED 21e. 8 | PLACE OF INJURY (| AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. | | ATION Street | ar R.F.D. Na. | City | ar Tawn | County | | State |
| While Nat w | nile 🗆 | 1 | OFFICE BUILDING, ETC. | | | | | 0 | , | | |
| | | s hospital) atte | nded the decease | d from | | , 19.6 | 4, ta_2 | 18,1 | 968,1 | hat (I) | (we) las |
| saw the | deceased ali | ive an | nded the decease | 968, and | thot in (my |) (our) opir | nión deoth | occurred on the o | late and ho | our ond | I from the |
| | tated abave, | , (I) (we) (did) (| did not) view the l | oady after de | oth. | | | | | | 1, 10, |
| 22b. SIGNATURE | 111 | MI | 1/111 | | ATTENDING | MI MET | ED. | STAFF | . DATE SIGNED 9-19-68 | | |
| | -00 | Indl | Con | DEGREE | (1615. | | RECTOR \Box | PHYS. | 7-19-00 |) | 10636 |
| 22d. PHYSICIAN'S NAME (Type) | T 77 | M 7 | | | 22e. ADDR | | nehnwr | Road, Riv | rondolo | . M. | 2 |
| | La Wa | Malin, N | | CEAAFTER'S OR O | | - Quee | | | | | |
| 23a. BURIAL, CREMATIC REMOVAL (Specify | N, 23b. D | | 23c. NAME OF | CEMETERY OR C | REMATORY | 2 | 23d. LUCATIO | ON (City or Town) | (Caunty) | 20 | State) |
| 24. FUNERAL DIRECTOR | 21 7. | -21-68 | ADDRESS | unco | in Ci | 25a. REC'D BY | V DECISTRAD | 2Sb. REGISTRAR | 'S SIGNATURE | 16 | rul |
| 24. FUNERAL DIRECTOR | | el dron | Laure | o ma | // | DATE SE | | | corles | Que | a.R |
| The world | -0000 | ~~~ | - 100000 | 1 - 9 | | DATE OF | 140 | INDO TO | - rung | A CONTRACTOR OF THE PARTY OF TH | |

funeral 1 and 2 er deoth. be executed within 24 hours ofter death. and completely filled in remove carbon popers in any event, within 72 h TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending to director, page 3 shauld be detoched for use as the buriol-transit permit. The should be filed with the Stote Dept. of Health prior ta buriol, cremation, or remains the state of the st Page 4 may be retained by the hospital or attending physician.

VR A15 (A) 30M REV.

within 24 hours of

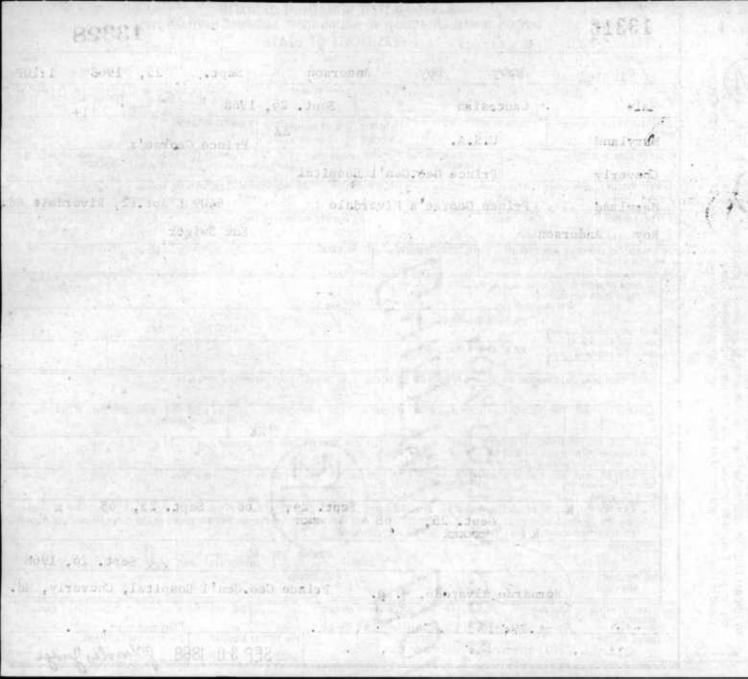
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exa

| | TOOKO | |
|---------|-------|----|
| F DEATH | D V | 2b |

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| | Trem T LITH GI | 107 5/52/0 | | CENTITICA | AIL OF DEATH | | | | |
|---------------|---|--|-------------------------|-----------------|----------------------------------|------------------|---|--------------------------|-----------------------------|
| | ECEASED-NAME First | m(1 / / | Middle | | Last | 2a. DATE O | | va o c d'en | 2b. HOUR |
| | (ype or priot) (oy Michael | Baby | Boy | | lerson | Sept. | | | 1:10PM |
| 3. S | | 4. RACE | | | 5. DATE OF BIRTH | 1060 | 6. AGE (In years last birthday) | MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. |
| | Male | Caucasi | | | Sept. 24, | | YRS. | 1+ | |
| 0. | | 7b. CITIZEN OF WHAT | | 8. MARRIED | NEVER MARRIED | 9. COUNTY O | F DEATH | | |
| | Maryland | U.S. | | WIDOWED | | | e George's | | Md |
| 10. | CITY OR TOWN OF OEATH | give etro | OF HOSPITAL OR INS | | director of | | N (Kind af wark dane glife, even if retired.) | 12b. KIND OF INDUSTRY | BUSINESS OR |
| | Cheverly | Pri | nce Geo.G | | ospital | | | INDUSTRI | |
| | USUAL RESIDENCE (Where decease ission) STATE | 1 126 COUNTY | | | vere l' | | TREET AND NUMBER | | |
| | Maryland | Prince | George's | | | 74 | 09 L Apt.#2 | 2, River | |
| 4. | FATHER'S NAME First | Middle | Lost | 15. | MOTHER'S MAIDEN NAME | | Middle | | Lost |
| | Roy Anderson | | | | | Sue S | 9 | | |
| | WAS DECEASED EVER IN U.S. ARMI es, no, or unknown) (If yes give wo | ED FORCES? 16 ir or dates of service) | 66. SOCIAL SECURITY I | NO. 17. IN | FORMANT | | Address | | |
| | | | | | | | | Approvi | IMATE INTERVAL |
| | 18. CAUSE OF DEATH (Enter anim PART 1. DEATH WAS CAUSED | | | | | | | | ONSET AND DEATH |
| | IMMEDIA | BY: TE CAUSE (a) | tre | makus | 1 ly | | | | |
| | 11/ | DUE TO, OR AS | A CONSEQUENCE OF | | | | | | |
| | Conditions, if any, which gave ise to immediate cause (a), | (b) | | | | | | | |
| | stating the underlying cause | DUE TO, OR AS | A CONSEQUENCE OF | | | | | | |
| | last. | (c) | | | | | | | |
| | PART 2. OTHER SIGNIFICANT CON | DITIONS CONTRIBUTIN | G TO DEATH BUT N | OT RELATED TO | THE TERMINAL DISEASE OR | CONDITION GIV | EN IN PART 1(o) | | |
| N | 776 X | | | | ` | | | | |
| CERTIFICATION | 19a. DATE OF OPERATION 19b. C | ONDITION FOR WHICH | OPERATION WAS PE | RFORMED | 20a. AUTOPSY? | CALIC | IF YES, WERE FINDINGS (ES OF DEATH? | CONSIDERED IN C | ERTIFYING |
| RTIFI | | | and the second | | YES NO | X | | | |
| | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | NURY Month Doy Year | 21c. HO | W INJURY OCCURRED (Ent | er noture of inj | ury in Part 1 ar Part 2, | Item 18.) | |
| MEDICAL | (If either, natify medical examin | er) P.M. | . 1 | | | | | | |
| W | 21d. INJURY OCCURRED 21e. | PLACE OF INJURY (AT | HOME, FARM, STREET, FAI | (TORY,) 21f. LO | CATION Street or R.F.D. N | o. Cit | y or Town | County | State |
| | at work of wark | | | | | | | | |
| | 22o. I certify that 業) (thi | s haspital) attend | ded the deceos | ed from | ept. 24, 19 | 68, ta_ | Sept. 25,19 | 68 , that | (xx) (we) las |
| | sow the deceosed ol causes stated obove | ive on Sep | 25 | 9_68, ond | that in x(24.34) (our) of | pinion deoth | occurred an the d | ate and haur | and from the |
| | 22b. SIGNATURE | (We) (did) | New Ille | bydy offer d | eum. | | 226 | DATE SIGNED | |
| | 220. SIGNATURE | | 11 | DEGRE | ATTENDING D | MED. DIRECTOR | STAFF - | ept. 26 | 1968 |
| | 22d. PHYSICIAN'S | 1 | 1 1000 | y beam | 22e. ADDRESS | DIRECTOR - | PHYS. XXXX S | cpc. ao | , 100 |
| | | mardo Al | variado. M | DA | | o.Gen' | 1 Hospital | Cheven | rly, Md. |
| 230 | BURIAL, CREMATION, 236. D | | 23c. NAME OF | - | | | ION (City or Town) | (County) | (Stote) |
| 250 | REMOVAL (Specify) | bolows | | | | 200. 200. | | | |
| 24 | FUNFRAL DIRECTOR | 1900 | ADDRESS | ascus, | 2Sa. REC'D | BY REGISTRAR | 2Sb. REGISTRAR" | US Md. | |
| 2.4. | Olin L. Mo | lesworth | | | | EP 30 | | arles & | udas |
| | | | | | DAIL O | FI 0 0 | 1000 | | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and contact filled in by the transit director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death. Poge 4 may be retained by the hospital or ottending physician. VR A15 (4) 30M REV. (28)



FOR STATE ny delay is . 2. and 3 ne State Departme PM3. with farm Give Pages 1 This certificate shauld be executed within 24 hours after death necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. The funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office and 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages haurs Health priar ta burial, cremation, ar remaval, and in any event within 72 DICAL EXAMINER: O DEPUTY

| | 13315 | DIVIS | | AL RECOR | | | ARTMENT N STREET, | | | | LAND 21201 | | | | |
|------|---------------------------------------|------------------|--------------------------------------|---------------------------|-----------------|---------------------------------------|----------------------|--------------|------------|-----------------|--|------------------------|-----------------------|------------|------------------------|
| | 19914 | | Item Mi | DICAL | EXAMIN | IER'S C | ERTIFICA | TE | OF DE | ATH | | 1: | 332 | 9 | |
| | ECEASED-NAME Type or Print) | | First | | Middle | | Lo | | | | 20 DATE KNOWN |] Month | Doy | Yeor | 2b. HOUR |
| ď | | Wi | lliam | | Fredri | ck | Andre | WS, | Jr. | | OF ESTI- DEATH MATED | 19 | 14 | 1968 | 3:50h |
| 3. S | Male | 4. RACE White | | of Birth | | AGE (In years 162 Grithday) YR: | MONTHS | YEAR DAYS | HOURS | 24 HRS. MIN. | 2c. DATE PRONOUNCE Month 9 | D DEAD | , Yeor | 1968 | 2d. HOUR 4:50a M |
| | BIRTHPLACE (Stote | or foreign | 7b. CITIZEN | OF WHAT CO | UNTRY? | B. MA | ARRIED NEVE | R MAR | RIED | 9. COL | UNTY OF DEATH | 11.5 | 1375 | 100 | |
| JUU | Ohio | | U.S | Α. | | WID | OWED _ | DIVOR | CED 🗌 | P | rince Geor | ge's | | | Md |
| 0. (| ITY OR TOWN OF | DEATH | | 11. NAME C give street | | INSTITUTIO | N (If not in ho | spitol | | | CCUPATION (Kind of w of working life, even if | ork done | 12b. KUND INDUSTRY | of BUSI | NESS OR |
| | Cheverl | | | | Prin | ce Ge | o. Hos | oita | al Sa | les | Represent | ative | Aiı | line | S |
| 30. | USUAL RESIDENC dmission) STATE | E (Where de | ceosed lived, if | | Residence bef | ore 13c. CIT | OR TOWN | | | | 13e. STREET AND NUM | | Apt . | | |
| _ | | Va. | | Arl | ington | Arl | ington | | AE2 V | | 4706 20- | Allert street comments | ad No | arth | |
| | ATHER'S NAME | First | | Middle | Lo | st | 15. MOTHER | s MAID | - | | | ddle | | Lost | |
| V | illiam | Fredri | lck Andı | cews S | r. | | 13.5 % | | Pati | rici | | 1100 | | laga | |
| | WAS DECEASED EVE es, no, or unknow | | NED FORCES? s give war or dates of s | | SOCIAL SECURIT | | 17. INFORMANT | | Z A. | ~ d ~ | ADDRI | 3482 | John | sto | wn Ro |
| | no | | | 28 | 5 34 7 | 550 | WIIIIa | (11 1 | . A | nar | ews Sr. (| Jahai | | Ohi | |
| | | DEATH (Ente | r only one couse | per line for | (o), (b), ond | (c).) | | | | | | | | EEN ONSET | |
| | 219 | IMA | SEDIATE CAUSE (o | | | - | ry of l | nead | and | ch | est | | | | 1.54 Mins |
| | Conditions, if or | ov which an | va 1 | | CONSEQUENCE | | | | | | | | | | |
| | rise to immedi | ote couse (| o). (E | | | | accide | ent | driv | er) | | | | 100 | |
| | stoting the und | derlying cou | se VUE | IU, UK AS A | CONSEQUENCE | Ur | | | | | | | | | |
| | | IONICIONE C | ((| :) | | | | | | | | | 1 | | |
| | PART 2. UTHER 3 | IGNIFICANT C | ONDITIONS CONT | KIBUTING TO | DEATH BUT N | OI KELATED | TO THE TERMI | NAL DIS | EASE OR C | ONDITIO | ON GIVEN IN PART 1(0) | | | | |
| | 190. DATE OF OF | PERATION | | 1196 | CONDITION FOI | WHICH OR | EDATION | | | | | | 120 | AUTOPSY | 2 |
| LA | TTO. PRILE OF O | Livinoit | | | WAS PERFORM | | EKATION | | | | | | | | |
| LEK | 210. EXTERNAL C | AUSE WAS | 21b. TI | ME OF INJUR | Y Month, Doy, Y | eor . | 21c HOW INIUI | RY OCC | IIRRED (En | ter note | ore of injury in Port 1 o | or Port 2 II | 1 | YES 🗌 | NO S |
| CAL | PRIMARY OR | CONTRIBUTION | NG H | OUR A.M. | | | | 391. | | | |), 1 OH 2, H | 6111 10.) | | |
| MED | CAUSE OF DEATH 21d. INJURY OCCI | | le. PLACE OF IN. | | - 14 | | 21f, LOCATION S | | | | ident City or Town | | County | | Stote |
| | WHILE NO. | | foctory, office | building, etc. |) | | | | | | | | 2000 | | |
| | | | t I took charg | a af the Te | mains doser | ibad abay | | | | | ington Pkw | | | | opinian |
| | | | n: Natura | | | | Suicide [| _ | Hamicid | _ | | | | u III III) | opiniun |
| | d'odin' jos | 1/ | . Jaiona | 100303 | | | Solcide [| | MEDICAL | | | mumrei | | | |
| | ACTUAL SIGNATURE Z | mon | 2/12 | PAG | nen | 1 | M D | | | | AMINER | 22b. DATE | SIGNED | | |
| | EXAMINER | 1 | C. | 1 | po- | / | M.D. | DEPU | TY MEDICA | L EXAM | INER KActin | g) 9- | 14-6 | 8 | |
| | NAME (Type) | Cor | nelius | J. Bu | rns | | | | | | | never | | | |
| 230 | BURIAL, CREMAT | | 23b. DATE | | 23c. NAME | OF CEMETER | Y OR GREMATO | RY | | 23d. | LOCATION (City or To | wn) | (County) | (St | ate) |
| E | REMOVAL (Specif | (y) | 9/18/6 | 8 | Gl | enwoo | od | | | | Bristol | Sull | ivan | Te | nn, |

Glenwood

2Sb.

250. RECT BY REGISTRAR 25
DATE SEP 1 8 1968

VR A15ME (5) 10M REV. 1/68

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24. FUNERAL DIRECTOR

Francis Gasch's Sons Hyattsville, Md.

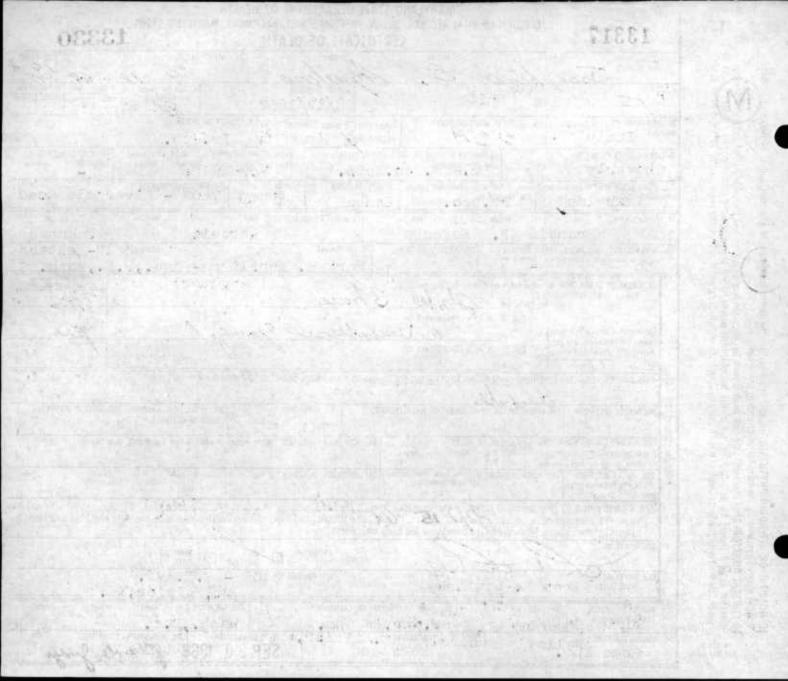
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|---------------|--|-----------------------------------|-------------------------|-------------------------------|----------------------|--|----------------------|----------------------------------|
| | CEASED-NAME First ype or print) | Middle | 1 | Lost | 2o. DAT | E OF DEATH Month De | oy Yeor | 2b. HOUR |
| 3. SE | X Josephia 14. RÁCE | 0,0, | 149 | DATE OF BIRTH | | 6. AGE (In years | I IF UNDER I YEAR | IF UNDER 24 HRS. |
| 3. 30 | 4. KALE | White | 1 | 2/17/1887 | 7 | lost birthdgy) | MONTHS DAYS | HOURS MIN. |
| 70.0 | IRTHPLACE (State or foreign 7b. CITIZEN | N OF WHAT COUNTRY? | 0 | | | Y OF DEATH | : | |
| COUP | | OF WHAT COUNTRY? | WIDOWED W | NEVER MARRIED DIVORCED | - 1110 | | | |
| 10 0 | ITY OR TOWN OF DEATH | 111. NAME OF HOSPITAL OR INS | | | | r.Geo. TION (Kind of work done | 12h KIND OF | Md. BUSINESS OR |
| (| Cheverly | give street address) . Ge | n.Hosp | during | most of wor LOUSE | king life, even if retired.) WII O | INDUSTRY | |
| 13o. odmi | USUAL RESIDENCE (Where deceosed lived, if ssion) WATE yland 13b. (9 | institution: Residence before | 13c. CITY OR T Lanha | 35 | NO [| e. STREET AND NUMBER | verdale | Road |
| 14. F | | Niddle Lost | 15. | MOTHER'S MAIDEN NAME | First | Middle | | Lost |
| | Francis I | P. Enfante | | | Anto | nia | Unk | nown |
| 160. | WAS DECEASED EVER IN U.S. ARMED FORCES | | IO. 17. INF | ORMANT | 19-12 | Address 2 | 3617-Ea | stern |
| | es, no, or unknown) (If yes give war or dates of se | 11101 | Ma | ry R. Agi | | o - Ave., 1 | V.E. Wa | sh.DC |
| | 18. CAUSE OF DEATH (Enter only one cause | e per line for (o), (b), ond (c). | 11 | | (Daug | hter) | APPROXI BETWEEN O | MATE INTERVAL DNSET AND DEATH |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c | o) slippo | 3 tro | euel | | | 341 | 1 |
| | 436 9 DUE T | TO, OR AS A CONSEQUENCE OF | | | | | | |
| | Conditions, if ony, which gove rise to immediate couse (o), | (b) and | upul | use S | coul | | n | 41 |
| | stoting the underlying couse DUE T | TO, OR AS A CONSEQUENCE OF | | | 0 | | / | |
| - | lost. | (c) | | | | | | |
| V | PART 2. OTHER SIGNIFICANT CONDITIONS CO | INTRIBUTING TO DEATH BUT NO | OT RELATED TO | THE TERMINAL DISEASE O | RCONDITION | GIVEN IN PART 1(o) | | |
| NO | 334 X auf | 15 | | | | | | |
| CERTIFICATION | 19a. DATE OF OPERATION 19b. CONDITIÓN I | FÖR WHICH OPERATION WAS PER | RFORMED | 20a. AUTOPSY? YES NO | 10 | Ob. IF YES, WERE FINDINGS AUSES OF DEATH? | CONSIDERED IN C | ERTIFYING |
| | | TIME OF INJURY | 21c. HOV | V INJURY OCCURRED (Er | nter noture of | injury in Port 1 or Port 2 | , Item 18.) | |
| MEDICAL | OR CONTRIBUTING CAUSE OF DEATH HOU! | JR A.M. Month Doy Year P.M. 19 | | | | | | |
| | 21d. INJURY OCCURRED 21e. PLACE OF II | NJURY (AT HOME, FARM, STREET, FAC | | ATION Street or R.F.D. | No. | City or Town | County | Stote |
| | | ol) attended the decease | d from | 961 , 19 | , ta | 1968,1 | 9, thot | (I) (we) lost |
| | 22a. I certify that (I) (this haspital sow the deceased alive on couses stated above, (I) (we) |) (did) (did nat) view the | ond, ond | that in (my) (our) c eath. | pinion ded | ath accurred on the c | dote and haur | ond fram the |
| | 22b. SIGNATURE | // | Mar LE | ATTENDING | MED | STAFF 220 | . DATE SIGNED | THE ST |
| | A T | 111 | DEGRE | PHYS. | DIRECTOR | PHYS. | | 0 |
| | 22d. PHYSICIAN'S | Lovi taler | | 22e. ADDRESS 34 | | R.I.Ave. | | |
| | NAME (Type) Leon R. | Devicsky | | | 454 | t Rainier, | Md. | |
| 23o. | BURIAL, CREMATION, 23b. DATE | | CEMETERY OR C | | | CATION (City or Town) | (County) | (Stote) |
| | REMOVALISPECTIVE 9/19/6 | | ry's C | em. | Wa | sh.,D.C. | | |
| 24. | FUNERAL DIRECTOR Nalley's | Funeral ADDRESS | Mt.Kai vland | nier 250. REC'E | BY REGISTR | AR 25b. REGISTRAR | 'S SIGNATURE | dan. |

Ind 2 death. be executed within 24 hours TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in La director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Shauld be filed with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 72 hours. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

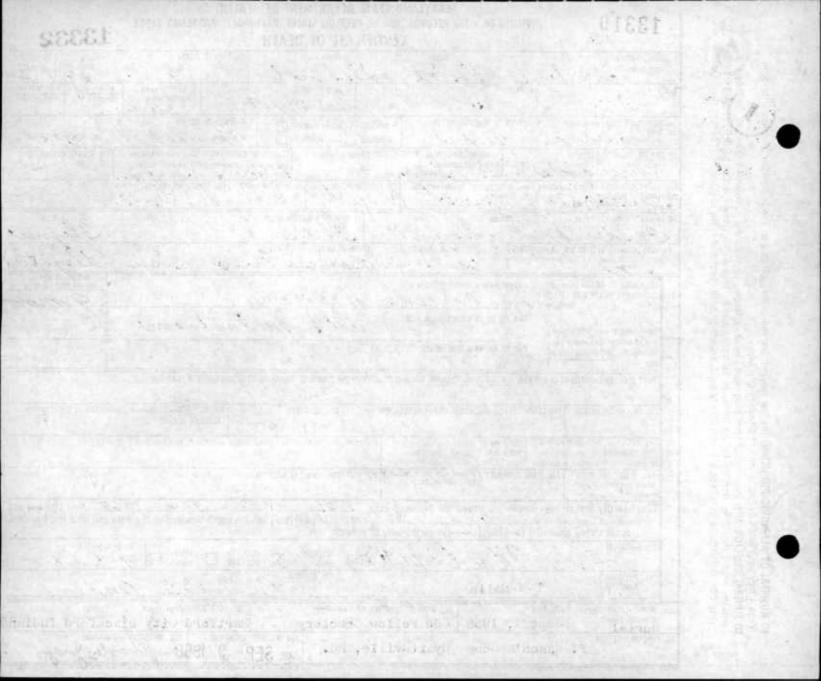
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| 3. SEX 4. RACE 5. DATE OF BIRTH 6. ADE (In years) 10. CHY OR TOWN OF DEATH 11. NAME OF MORPHAL OR INSTITUTION (III not in hospital) 10. CHY OR TOWN OF DEATH 11. NAME OF MORPHAL OR INSTITUTION (III not in hospital) 10. CHY OR TOWN OF DEATH 11. NAME OF MORPHAL OR INSTITUTION (III not in hospital) 10. LOUIS ARRANGE (In years) 10. LOUIS ARRANGE (In years) 10. LOUIS ARRANGE (In years) 110. LO | | DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) |
|--|------|--|
| To. BITHPLASE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED 10. USUAL OCCUPATION (Kind of work done during), most of working life, even if retired.) 10. USUAL OCCUPATION (Kind of work done during), most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institutions: Residence before 12. Most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institutions: Residence before 12. Most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institutions: Residence before 12. Most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institutions: Residence before 12. Most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institutions: Residence before 12. Most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institutions: Residence before 12. Most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institutions: Residence before 12. Most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institutions: Residence before 12. Most of working life, even if retired.) 130. USUAL RESIDENCE (Where the work of working life, even if retired.) 130. USUAL RESIDENCE (Where the work of working life, even if retired.) 130. USUAL RESIDENCE (Where the work of working life, even if retired.) 130. USUAL RESIDENCE (Where the work of working life, even if retired.) 130. USUAL RESIDENCE (Where the work of working life, even if retired.) 130. USUAL RESIDENCE (Where the work of working life, even if retired.) 130. USUAL RESIDENCE (Where the work of working life, even if retired.) 130. USUAL RESIDENCE (Where the work of working life, even if retired.) 130. USUAL RESIDENCE (Where the work of working life, even if retired. 130. USUAL RESIDENCE (Where the work of working life, even if retired.) 130. | | Aurline Violet Bubbitt 9 68 AM |
| Too. UNIX DECEASED EVER IN U.S. ARANED FORCES? Too. WAS DECEASED EVER IN U.S. ARANED FORCES Too. WAS DECEASED EVE | 3. S | 5. 5.1.2 51 51.1.11 |
| 10. CITY OR, TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION ((i not in hospitol) 120. USUAL OCCUPATION ((ind of work dame) 130. USUAL RESIDENCE (Where decessed lived, if institution: Residence place 130. CITY OFFICWAN 130. USUAL RESIDENCE (Where decessed lived, if institution: Residence place 130. CITY OFFICWAN 130. USUAL RESIDENCE (Where decessed lived, if institution: Residence place 130. CITY OFFICWAN 130. MICHAEL 130. USUAL RESIDENCE (Where decessed lived, if institution: Residence place 130. CITY OFFICWAN 130. MICHAEL 130. USUAL RESIDENCE (Where decessed lived, if institution: Residence place 130. CITY OFFICWAN 130. MICHAEL 130. | | Feb 28, 1910 105 DITTOOLY YRS. MONTHS WIN. |
| 10. CITY OR TOWN OF DEATH 11. NAME OF MOSPITAL OR INSTITUTION (If not in hospitol give greet oddess) 12. KIND OF BUSINESS OR INDUSTRY 130. USUAL RESIDENCE Where deceased lived, if institution: Residence before 12. CITY OR FOWN 14. EATHERS NAME 15. MUTHER SMADLEN NAME 15. MUTHER SMADLEN NAME 15. MUTHERS NAME 15. MUT | | |
| Jab. USUAR RESIDENCE (Where deceased lived, if institution: Residence before St. CITY OR GOWN) Jab. NOOL CITY LIMITS? 426. STREET AND NUMBER Jab. COUNTY Jab. NOOL CITY LIMITS? 176. STREET AND NUMBER Jab. COUNTY Jab. NOOL CITY LIMITS? 176. STREET AND NUMBER Jab. COUNTY Jab. NOOL CITY LIMITS? 176. STREET AND NUMBER Jab. COUNTY Jab. NOOL CITY LIMITS? 176. STREET AND NUMBER Jab. COUNTY Jab. NOOL CITY LIMITS? 176. STREET AND NUMBER Jab. COUNTY Jab. NOOL CITY LIMITS? 176. STREET AND NUMBER Jab. STREET | 100 | ""Indiana U. S. a., WIDOWED DIVORCED TRUME! Seorges Md. |
| 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before last CITY OR JOWN) 124. ASSIGN TO UNITED 136. SCHEET AND NUMBER 136. COUNTY 136. CO | 10. | |
| 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 19. DUE TO, OR AS A CONSEQUENCE OF (c), stating the underlying cause (b), stating the underlying cau | | Jurerdall 4704 Somerset Editor of newspaper |
| IA. KATHERS NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle Dost | | 1.1 |
| 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 34 | 1 | west for frances |
| Ves., no, or unknown Uses give wor or date of service 234 46 - GFO Barbara Ediney Same Classified Conditions Conditio | 14. | FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost |
| Ves., no, or unknown (If yes give wor or dates of service) 334 + 40 - (640) Barbara Ediney Same Classifier Same Same Classifier Same Same Classifier Same | 1 | Thedruck of Sound Horine Hypun |
| 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Conditions, if any, which gove is not immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (b) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (b) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last. ODE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause last | | Vac no or unknown) (If yet give wor or dates of service) |
| SERVICE OF DEATH (Enter only one couse per line for (a), (b), and (c).) | | JOBS OVER WITHOUT |
| IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF COnditions, if any, which gave nise to immediate cause (a). | | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) |
| State Institute County Due to, or as a consequence of County Due to, or as a consequence of County Count | | IMMEDIATE CAUSE (a) I PAREMONIAN UT CENTRY |
| State Institute County Due to, or as a consequence of County Due to, or as a consequence of County Count | | DUE TO, OR AS A CONSEQUENCE OF |
| Stating the underlying cause last. Stating the underlying cause last. Ci | | use to immediate cause (a). (b) |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 21a. ACCIDENT WAS UNDERLYING CAUSES OF DEATH 19 CAUSES OF DEAT | | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF |
| 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19 | | , (0) |
| HOUR A.M. Manth Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State 22o. I certify that (I) (this-hospital) attended the deceased fram 19 24 19 25 19 25 19 26 19 26 19 26 19 27 27 28 27 28 28 29 29 29 29 29 29 | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) |
| HOUR A.M. Manth Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State 22o. I certify that (I) (this-hospital) attended the deceased fram 19 24 19 25 19 25 19 26 19 26 19 26 19 27 27 28 27 28 28 29 29 29 29 29 29 | S | 100 DATE OF ORDERATION TO CONDITION FOR WHICH OPERATION WAS DEDECODATED TO A LITTORY 2. 200 DE VES WERE FINDINGS CONSIDERED IN CERTIFICIAL |
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| While of wark of while of wark | | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year |
| While of wark | MEDI | (If either, notify medical examiner) P.M. 19 |
| 220. I certify that (I) (this-hospital) attended the deceosed fram | | While Not while \ \ \tag{\text{OFFICE BUILDING, ETC.}} |
| saw the deceased alive an courses stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) 1. W. Malin 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) (County) (Stote) | | di Walk Of Walk - |
| 22b. SIGNATURE 22c. DATE SIGNED 22d. PHYS. Clan'S NAME (Type) 1. W. Malin 22e. ADDRESS 22e. ADDRESS 22e. ADDRESS 22e. ADDRESS 22d. DATE (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) | | saw the deceased glive an |
| 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) | | |
| 22d. PHYSICIAN'S NAME (Type) L. W. Malin 22e. ADDRESS RucerLale M. 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City or Town) (County) (Stote) | | ATTENDING OF MED. STAFF |
| NAME (Type) L. W. Malin Acceptable on d. 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) | | 100000000000000000000000000000000000000 |
| 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) | | |
| OPHOVILLE IS | | was value illa. |
| | | DIRECT CONTROL OF CONT |
| Burial Sept 9, 1900 Odd Fellow Cemetery martiord City blackford indiana | 230 | REMOVAL (Specify) Sont Q 1968 Odd Follow Comptons Hartford City Blockford Indiana |
| F. Gasch's Sons Hyattsville, Md. DATE SEP 9 1968 Clearles Judge | L | Burial Sept 9, 1968 Odd Fellow Cemetery Hartford City Blackford Indiana |

death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in **by the Judice of Standard Standa 10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68



FOR STATE DEPT.

13320

Page lent of fter deoth any delay is Give Pages 1, 2, and 3 to PM3 ong with form efter deoth the funeral director. Page 4 should be forwarded to the Chief Medical Examine This certificate should be executed within necessory, please execute the certificate, writing the ward "pending" in pencil

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit. File pages land2 with the State B Heolth prior to burial, cremotion, or removol, and in any event within 72 hours, after death, 0

MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

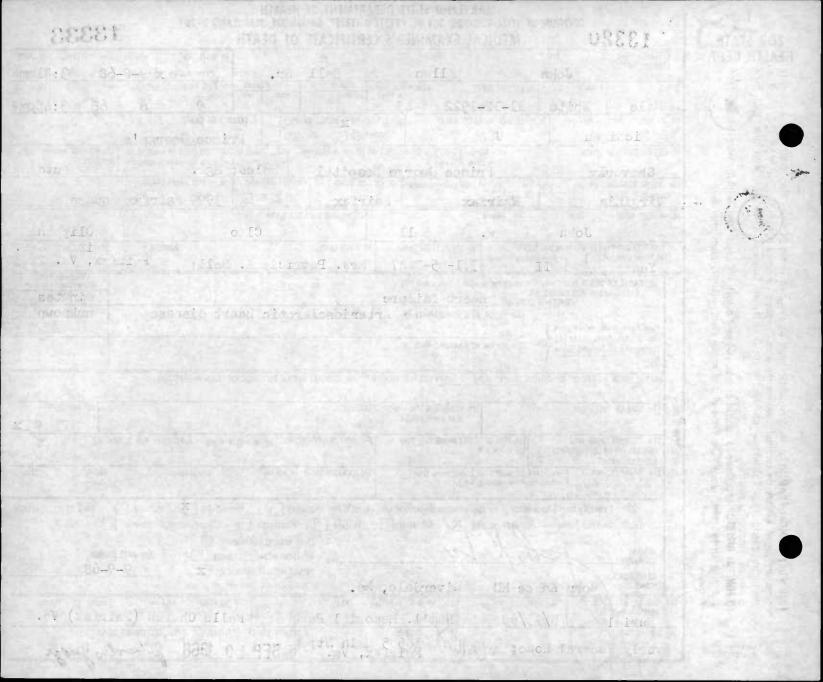
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

133333

| | | ECEASED-NAME | Firs | st Middle | | | | 200 | Last | | | | 2a. DATE KNOWN Manth Day Year | | | | |
|-----|---------------|--|--|-------------------------------------|--|-------------|------------------------------|------------------------|-----------|-----------------|----------------|--------------|---|-----------|------------|---------------------------------|---------------|
| | (1 | Type or Print) | Joh | n | Al | len | | В | all | Sr. | | DEATH | MATED X | 9-8- | -68 | 193: | Blomm |
| | 3. SE | X | 4. RACE | S. DATE OF BIS | TH | 6. A | GE (In years st birthday) | IF UNOE | OAYS | HOURS | 24 HRS. | 2c. DATE F | RONOUNCED | DEAD | | | 2d. HOUR |
| | | Male | White | 11-12 | -1922 | | 5 YF | | ORTS | HOUKS | | Month 9 | | Day 8 | 68 | 19 3: | 45pmM |
| | 7a. E | BIRTHPLACE (Stote | e or foreign | 7b. CITIZEN OF WH | AT COUNTRY? |) | B. <i>N</i> | ARRIED K | EVER MAS | RIED | 9. COU | INTY OF DE | ATH | | | | |
| | caun | ^{try)} Michi | gan | US | A | 71,5 | WI | DOWED _ | DIVO | RCED 🔲 | P | rince | Geor | ge 's | | | Md. |
| m., | 10. C | ITY OR TOWN O | DEATH | | AME OF HOSP | | INSTITUTIO | N (If not in | haspital | | SUAL OC | | | | | 2b. KIND OF BUSINESS OR NDUSTRY | |
| 14 | | Chever | | P | give street address) Prince George Hospital during most of working life, even if retired.) Sales; Mgr. | | | | | | IIIVOJII | Au | to | | | | |
| 00 | | | | sed lived, if institu | ed lived, if institution: Residence before 13c. CITY OR TOWN | | | | | | | T AND NUMI | | | | | |
| 83 | | mission) STATE Virgini | | | W | | | irfax YES X NO [| | | 3999 Fairfax S | | | Squa | | | |
| | 14. F | ATHER'S NAME | First | | Middle Lost | | | | ER'S MAII | DEN NAME | First | | Mid | dle | | Last | |
| 3 | | 200 | John | W. | 1 | Cleo | | | | | | Oliphant | | | | | |
| 3 | | WAS DECEASED EV es, na, ar unknow | ER IN U.S. ARMED | FORCES? war or dates of service) | 16b. SOCIAL S | | | 17. INFORM | | | | | | | | | Sqr. 22030 |
| 30 | | Yes | WW. | | 371-0 | 5-94 | 47 | Mrs. | Pat | ricia | Α. | Ball | ; | rari | | | |
| | | IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: | | | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| | 10 | PAKI I. D | IMMEDI | ATE CAUSE (o) | deart | fail | ure | 100 | - 1 | | | | | | _ | ninut | |
| | 20 | 4/0 | 4/29 DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown (and disease) | | | | | | | | | | | wn | | | |
| | | | iate cause (a), | (b) | | | 9-3-10 | 100 | | | | | 1000 | | | - | |
| | 3 | stating the un | derlying cause | DUE TO, OR | AS A CONSE | QUENCE C |)F | | | | | | | | | | |
| | | last. | | , (c) | | | | | | | | | | | | | |
| | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | | | | | | | | | | | | | | | |
| | NO | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION | | | | | | | | | 100 | AUTORCA | 72 | | | | |
| 2 | CERTIFICATION | IYO. DATE OF O | PERATION | | WAS PERFORMED? | | | | | | | | | 20 | D. AUTOPSY | | |
| 0 | ERTI | 21a. EXTERNAL (| ALICE WAS | 21b. TIME OF | INITIDY Month | Day Vo | ar | 21c HOW II | HIIPY OC | CLIDDED (En | tor natu | en of injum. | in Part 1 as | Dort 2 I | tom 18) | YES | NO □X |
| | | PRIMARY O | R CONTRIBUTING | HOUR A. | M. | | ui | ZIC. HOW II | DOKT OC | COKKED (EII | Her Hutt | re or injury | III FOIT I O | ruii 2, i | 10.7 | | |
| | MEDICAL | 21d. INJURY OCC | | PLACE OF INJURY (| | 19 | _ | 21f. LOCATIO | N Street | or P.F.D. No. | | City | or Town | 11167 | Caun | tv | State |
| | 1.0 | WHILE NO | | ctary, office building | g, etc.) | 11, 311661, | | ZII. LOCATIC | 14 311661 | JI K.I.D. 110. | | City | or rown | | Cuon | | Sidie |
| | | | | taak charge af t | ha ramaina | docerib | ad aba | uo bold au | Auto | | las | nastian I | Y la | ir [| 7 . | and in an | |
| | | | sulted fram: | | | | | ve, neid di Suicide | | psy, Hamicid | | spection [| ermined | quiry [| | ing in m | y apinian |
| | | deam le | soned fram: | Naibjai (du | es lan, | Accide | Ш, | Suicide | | | , | | emmea | nume | | | |
| | | ACTUAL | 10 | ten Ko | to | | | | ACCI | F MEDICAL | | MINER | 1 | 22b. DATE | SIGNED | | |
| - 1 | 2 | SIGNATURE _ | 19 | 11/0 | | | , | N | . D. | | | NER C | _ | | -9-68 | | |
| 2 | | EXAMINER'S NAME (Type) | John K | ehoe MD | Riv | erda | le. | Md. | | | | wn, or cour | | | , , | | -0.74 |
| | 23a. | BURIAL, CREM | SECURITY AND ADDRESS. | DATE | | | | Y OR CREM | ATORY | | 23d. | LOCATION | (City ar Taw | /n) | (Caunty |) (5: | tate) |
| -17 | | REMOVAL (Spec | ify) 9 | /13/68 | | | | orial | | k | | | Churc | | airf | | a. |
| | | FUNERAL DIRECT | | | | ADD | RESS | 12/107 | - 17 | 2Sa. REC'E | | | _ | GISTRAR'S | | • | |
| | E | verly F | uneral | Home; By | MMay | Fa | irfa | Main x, Va | ot; | DATESF | P 1 | 0 198 | 38 8 | Clian | rea | Jacobs | 2 |

DICAL EXAMINER:

TO DEPUTY



| 3 25 | tem#7a,17,DIVIS | MARYLAND STA ION OF MITAL RECORDS, 301 W. GLOD MEDICAL EXAMIN | TE DEPARTMENT OF | | k 13334 |
|---------------|---|---|---|---|----------------------------|
| 1.0 | ECEASED-NAME | First MEDICALS EXAMIN | EK'S CERTIFICATE | 2a DATE KNO | WN Month Day Year 2b. HOU |
| 1 | Type or Print) Will | lliam Henry | Ball | OF EST DEATH MAT | B □ 9-12-68 19 |
| 3.5 | | 5 DATE OF BIRTH 6 | MGE (In peers III LINOUR 1 YEAR and herfinday) MONTHS I DAYS | H UNDER 24 HRS. 2c. DATE PRONI | OUNCED DEAD 2d. HOU |
| M | ale White | 5-10-1882 | 86 YRS. | Mounts Mark Month | 12" 68" 198:30am |
| | BIRTHPLACE (State or foreign stry) - CAAAFAAA | 75. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MAN | 1 2 1 2 1 2 1 2 1 2 2 1 2 2 2 2 2 2 2 2 | George's |
| 4 | Cheverly | give street address) Prince Geor | nstitution (if not in hospital ge Hospital | 12a: USUAL OCCUPATION (Kind during most of working life, e | even if retired.) INDUSTRY |
| | USUAL RESIDENCE (Where de PRESPONDE | reased lived, if institution: Residence bet | Beltsville | YES NO 401 Be | aver Dam Road |
| 14. F | ATHER'S NAME FIRST | nove la | 15. MOTHERS MAN | DEN NAME FIRST | Middle inst |
| | WAS DECEASED EVER IN U.S. ARN fes. na, or unknown) (# yei | MED FORCES? 16b. SOCIAL SECURITY Open with or dates of service) 705–03–6 | | E. BALL 401 BEAR | ADDRESS AND HOUSE, my |
| NO | Conditions, if any, which go rise to immediate cause (c stating the underlying cau lost. | DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) ONDITIONS CONTRIBUTING TO DEATH BUT N | FART F | ALCRE | T 1(a) |
| CERTIFICATION | | WAS PERFORM | ED? | | YES NO S |
| DICAL | 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTION CAUSE OF DEATH 21d. INJURY OCCURRED 2 | P.M. I Te. PLACE OF INJURY (At home, farm, stree | 9 | CURRED (Enter nature of injury in P or R.F.D. No. Gity or To | |
| 230 | death resulted from ACTUAL SIGNATURE EXAMINER'S | Kehoe MD Riverdal Sept. 14. 968 202 | ent, Suicide, CHI M.D. ASS | Homicide, Undeterm IF MEDICAL EXAMINER ISTANT MEDICAL EXAMINER UTY MEDICAL EXAMINER IRESS(Street, city, town, or county) 23d. LOCATION (CO | Inquiry |

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 13322 | DIVISION OF VITAL RE | CERTIFIC | ATE OF DEATH | MORE, MARYLAND 2120 | 13335 |
|---|---|---|--------------------------------|---|---|
| 1. DECEASED-NAME First | Mic | dle | Lost | 20. DATE OF DEATH | 2b. HOUR |
| (Type or print) Alex | ander Wi | lliam | Barrack | September 2 | 1988 10:05 m |
| 3. SEX | 4. RACE | | 5. DATE OF BIRTH | 6 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| Male | White | | 7/17/04 | 64 birthdoy) | RS. MONTHS DAYS HOURS MIN. |
| 7a. BIRTHPLACE (State or fareign | 7b. CITIZEN OF WHAT COUNTRY | ? 8. MARRIED [| NEVER MARRIED 9 | COUNTY OF DEATH | |
| virginia | U.S.A. | WIDOWED | | Prince George | e's Md. |
| 10. CITY OR TOWN OF DEATH | | TAL OR INSTITUTION (if no | | OCCUPATION (Kind of work do | ine 12b. KIND OF BUSINESS OR |
| Cheverly | give street address Prince | Geo. Gen. H | losp. Weld | t of working life, even if retired | d.) INDUSTRY |
| 13a. USUAL RESIDENCE (Where deceas admission) STATE | ed lived, if institution: Residen 13b. COUNTY Prince Ger | te before 13c. CITY OR | | | 30- |
| Maryland 14. FATHER'S NAME First | | | | - 3/11 CH1110 | ım Hgts. Dr.Apt. |
| 14. FATHER'S NAME First | Middle | | MOTHER'S MAIDEN NAME Fir | -11 / | 1 11 |
| 16a. WAS DECEASED EVER IN U.S. ARM | MED EUBCESS 116P 20CIAI | SECURITY NO. 17. IN | FORMANT / | Address | Morrell |
| | or or dates of service) | 6-4359 | adie vol | orrell Roll | 4.4 |
| Canditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost. 46 5 PART 2. OTHER SIGNIFICANT CON B Panelo | DBY: ATE CAUSE (o) DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) IDITIONS CONTRIBUTING TO DEA FOR A SECONDITION FOR WHICH OPERATION G 21b. TIME OF INJURY | UENCE OF TH BUT NOT RELATED TO RECOUNTY ON WAS PERFORMED | 20a. AUTOPSY? YES NO | inoma (prima | GS CONSIDERED IN CERTIFYING |
| (If either, notify medical examin | ner) P.M. | 19 | | | |
| 21d. INJURY OCCURRED While Nat while ot work at work | PLACE OF INJURY (AT HOME, FARY OFFICE BUILDIN | A, STREET, FACTORY.) 21f. LO | CATION Street or R.F.D. Na. | City or Tawn | Caunty State |
| 22o. I certify that (the sow the deceased of couses stated above | is hospitol) ottended the live on Sept. 27 (() (we) (did) (did pot) v | deceosed from Se 19 68, and iew the body ofter d | that in they) (our) opin eath. | 3 , to Sept 27 , ion death occurred on the | 1968, thot (we) lost e dote and hour and from the |
| 22b. SIGNATURE | in Den | JEGRI DEGRI | | D. STAFF PHYS. | 22c. PATE SIGNED 9/27/68 |
| 22d. PHYSICIAN'S NAME (Type) Edwi | n Mensen, 1 | 1.D. | 22e. ADDRESS Prince Geor | ge's General H | lospital, Cheverly |
| 230. BURIAL (REMATION, 23b. REMOVAL (Specify) 5 24. FUNERAL DIRECTOR | PT. 30_68 7 | NAME OF CEMETERY OR ADDRESS | Rehl | REGISTRAR 2Sb. REGISTRA | (County) (Stote) |

within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician cmt. composely filled in by the tun director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

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| evelopment and the | | | |

Items18&22a Film 406 MARYLAND STATE DEPARTMENT OF HEALTH 11-13-68ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#7a,b. FilmGhoSMEDIOAL/EXAMINER'S CERTIFICATE OF DEATH 13336 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth 2b. HOUR (Type or Print) DEATH MATED 1 9-16-68 19 10:00am Louise Bennett Brett delay IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR and 2 with the State Departme last birthday) P.M3. 7 Bay 68 195:20pm M 20 Dec. 1932 Female White YRS 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED TO NEVER MARRIED Give Pages 1, Office alang with farm country) Ohio USA WIDOWED [DIVORCED [Prince George's death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Prince George Hospital during most of working life, even if retired.) INDUSTRY Cheverly 24 haurs after death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN Prince odmission) STATE YES NO Item 18. 7638 Bradley Lane Clinton George 's 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME Middle Last = 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT be executed within pencil (Yes, no, or unknown) (If was give war or dates of service) School RECORDS MEdiCAL the funeral directar. Page 4 shauld be forwarded to the Chief Medical Exam .⊑ APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY: Pulmonary edema · : IMMEDIATE CAUSE (a) any event DUE TO, OR AS A CONSEQUENCE OF burial-transit Hepatic failure Conditions, if any, which gave rise to immediate cause (a), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Fatty metamorphosis of liver .= and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) D 00 ar remaval. CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES X NO 🗆 pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING crematian, P.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK burial, far 220. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry ond in my opinion Noturol Quses death resulted from: Accident? Suicide Undetermined monner retained Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE pri 9-17-68 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** NAME (Type) Riverdale. ADDRESS(Street, city, town, or county) ohn/Kehoe MD 00 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 1968 VR A15ME (5) 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21703337 CERTIFICATE OF DEATH

| | | | | | CLIVIIII | CAIL OI I | DEATH | 1-54-49 | | | |
|----------------|--|--|--|--|------------------------|----------------------|--|---------------------|--|------------------|---------------------|
| | ECEASED-NAME Type or print) | First | | Middle | | Last | | 2a. DATE OF I | DEATH Month Da | у Үеог | 2b. HOUR |
| 1 | Type or pinit) | Mary | | | Ber | nheisel | | | Sent 10 | 1968 | A |
| 3. SE | femal | e | 4. RACE white | | | 5. DATE OF BIR | | | 6. AGE (In years last birthday) 92 YRS. | MONTHS DAYS | |
| 7o. I | BIRTHPLACE (State or f | | US A | | B. MARRIED WIDOWED | NEVER MARR | TIED . | COUNTY OF Pro | Georges | | Mo |
| | olmar Manc | | | AME OF HOSPITAL OR INS | STITUTION (IF venue | nat in haspital | | of working li | (Kind of wark dane ife, even if retired.) ewife | INDUSTRY | of Business Or home |
| | USUAL RESIDENCE (Whission) STATE | | | ion: Residence befare | 13c. CITY O | or town | 3d. INSIDE CITY LIMIT YES NO | | eet and number 5 43rd a | ve | |
| 14. [| FATHER'S NAME F | irst Willi | Middle am Hall | Last | | IS. MOTHER'S MAI | DEN NAME First | | Middle | | Lost |
| | (es, no, ar unknown) | | FORCES? or dates of service) | 16b. SOCIAL SECURITY I | NO. 17. | Bertha | Bernhe | isel | Address Washing | ton D (| C |
| | PART 1. DEATH V Conditions, if any, we rise to immediate a stoting the underly last. PART 2. OTHER SIGN | hich gave ause (a), (ing cause | CAUSE (a) DUE TO, OR A (b) DUE TO, OR A | AS A CONSEQUENCE OF | OT RELATED | eris TO THE TERMINAL | DISEASE OR COM | OCC. | IN PART 1(o) | 5 | I ONSET AND DEATH |
| CERTIFICATION | 422 1 19a. DATE OF OPERATIO | ON 19b. CO | NDITION FOR WH | ICH OPERATION WAS PE | RFORMED | 20a. AUTOP | SY? | | YES, WERE FINDINGS (OF DEATH? | CONSIDERED IN | CERTIFYING |
| MEDICAL CERTII | 21a. ACCIDENT WAS or contributing of the contribution of the cont | CAUSE OF DEATH lical examiner ED 21e. PL | | F INJURY Manth Day Year 1 (AT HOME, FARM, STREET, FAI (OFFICE BUILDING, ETC. | 9 | | JRRED (Enter n | | y in Port 1 or Port 2, | Item 1B.) County | State |
| | saw the de | at (I) (this ceased aliv | haspital) atte | ended the decease | ed fram- | nd that in (my | , 19 <u>6</u>) (our) apini | , tag an death o | ccurred an the d | | at (I) (we) las |
| | 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) | LEON | any | HAYS | | GREE ATTENDING PHYS. | ESS DIRE | Clar | STAFF PHYS. D 22c. | DATE SIGNED | · mg |
| R | BURIAL, CREMATION, REMOVAL (Specify) | 23b. DA | TE .0/68 | | Funer | ral Home | | Richmo | | | (State) Va |
| 24. | FUNERAL DIRECTOR | F. Ga | sch's S | ons Hyat | tsvill | | 2SG. REC'D BY | REGISTRAR 191 | 2Sb. REGISTRAR'S | s signatur | uge |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicida and carboletely filled in director, page 3 should be detached far use as the buriol-transit permit. Then please semove carbon papers should be filed with the State Dept. af Health prior to buriol, cremation, or removol, and in any event, within 72 h VR A15 (4) 30M REV. 1/68

carbon papers Pages 1, and 2 set, within 72 rous feet death.

ted within 24 hours after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be axe

Page 4 moy be retoined by the hospitol or ottending physicion.

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and completely filled in by the remave carban papers. Pages n any event, within 72 haurs affi and in any event, please physic signed by the burial-transit p as the has been TO FUNERAL DIRECTOR: After this certificate far shauld be

be executed within 24 haurs after death

requires that the death certificate

physician.

attending p

be retained by the haspital ar

CERTIFICATE OF DEATH DECEASED-NAME Last First 2a. DATE OF DEATH 2b. HOUR Manth 23, (Type or print) Arthur :45P M James Bernier Sept. 3. SFX 4 RACE 5. DATE OF BIRTH IF LINDER 1 YEAR IF LINDER 24 HRS 6. AGE (In years last birthday) Male Caucasian Sept. 7a. BIRTHPING Tage of foreign a 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Rhodes Island U.S.A. WIDOWED XX DIVORCED [Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Prince Geo.Gen'l Hospital during most of working life, even if retired.) **INDUSTRY** Firenan Ret
INSIDE CITY LIMITS? 13e. STREET AND NUMBER Cheverly Fire Dept. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13b. COUNTY
Prince George's 7710 Valley Park Road Maryland Seat Pleasant 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Mary Jane Lunderville Samuel Bernier 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Seat Yes, na, ar unknawn) (If yes give war or dates of service) 038-14-3852 Rev J. LeDoux, 7710 Valley Pk. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: DIMMBDIATE (AUSE (g) Severe and extensive stenosing coronary artery disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) (b) Acute thrombotic occlusion of segmented area of rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF the coronary artery. stating the underlying cause () Healed Infarct of the left ventricular apex with PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) false aneurysmal formation. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) CAUSE OF GEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 19 2, to <u>Sept. 23, 1968</u>, that (I) (stet last 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. Sept. 23, 1968 19 DEGREE 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Peter Duus, M. D. 6056 Central Ave., Capitol Hgts, Md. 20027 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) REMOVAL (Specify) Calavary Cemetery Logange Le Gald Company ADDRESS PECONOMIC PROPERTY OF THE PR 24. FUNERAL DIRECTOR

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W. W. CHAMBERS CO., Riverdale, Md.

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5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with fa Health priar ta burial, crematian, or removal, and in any event within 72 haurs after death.

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necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages

DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death

TO DEPUTY

VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3326 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13339

| | (pe or Print) | | rst | | Aiddle | | Last | | OF ESTI- Month | Day Year | 26 HOUR |
|-----------------------|--|------------------------------------|--------------------------|--|--------------------------------|---------------|-----------------------------|--------------------|--|------------------------------|------------------|
| (1) | the or trinit) | IN | larian | ne / F. | | Ber | tram | | DEATH MATED 9 | 1 1968 | am |
| 3. SEX | () | 4. RACE | | Oct 37 | 6. AGE (In year lost birthday) | MONTHS | 1 YEAR IF UND DAYS HOURS | ER 24 HRS. MIN. | 2c. DATE PRONOUNCED DEAD Month Day 7 | Year 1968 | 2d. HOUR 3:30 |
| 7 _m DI | RTHPLACE (Stat | W | - | | - | RS. | DUE DOI | 1 0 00 | 7 L | 1900 | l am |
| countr | y) ermany | e or roreign | Germ | OF WHAT COUNTRY | | IDOMED [| EVER MARRIED DIVORCED | | UNTY OF DEATH Prince George | | M |
| 10. CIT | Y OR TOWN O | F DEATH | | 11. NAME OF HOSE | PITAL OR INSTITUTI | ON (If not in | haspital 12a. | USUAL O | CCUPATION (Kind of work done | 12b. KIND OF BUSI | |
| | Cheve | | | give street address | Prince | George | duri | | of working life, even if retired.) | INDUSTRY | |
| | JSUAL RESIDEN mission) STATE | | eased lived, i | f institution: Reside | nce befare 13c. C | ITY OR TOWN | 13d. INSIDE CI | | 13e. STREET AND NUMBER | | |
| OUI | HISSIGIT) STATE | Md | 130. CO | Prince Ge | eorge Te | mple H | ills YES | NO X | 5115 St. Barn | aby St., | |
| 14. FA1 | THER'S NAME | First | | Middle | Lost | 1s. MOTH | er's maiden nam ria | NE First | Middle | Last | |
| | | ER IN U.S. ARME | | | SECURITY NO. | 17. INFORMA | ANT | 0,1 | ADDRESS | | A3151 |
| (16 | s, na, or unknav no | | ive war or dates of | 213 4 | 4 5556 | James | s II Bert | ram | Temple Hills | , Md. | |
| | | | | se per line for (o), (b | o), ond (c).) | S-781 | | , | | APPROXIMATE BETWEEN ONSET | |
| | PART I. D | DEATH WAS CAU | SED BY: DIATE CAUSE I | (0) | E | viscer | ation | | | | |
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| | | iny, which gove ligte couse (a) | | (b) | L | acerat | ion of a | abdon | uinal wall | Minut | es |
| | stating the ur | derlying cause | | TO, OR AS A CONSE | QUENCE OF | | | | | I I may y | |
| | last. | | , | (c) | | | | | | | |
| | 017 | SIGNIFICANT CO | NDITIONS COL | NTRIBUTING TO DEAT | H BUT NOT RELATI | ED TO THE TER | MINAL DISEASE O | R CONDITI | ON GIVEN IN PART 1(a) | | |
| MEDICAL CERTIFICATION | 19a. DATE OF C | PERATION | 1000 | | TON FOR WHICH O | PERATION | GARALE ! | 116 | | 20. AUTOPSY | (? |
| IIE | | | | WAS P | ERFORMED? | | | | | YES 🗌 | NO 🔀 |
| ¥ 7 | 210. EXTERNAL | | | TIME OF INJURY Mont HOUR A.M. | h, Doy, Yeor | 21c. HOW IN | JURY OCCURRED (| Enter not | ure of injury in Part 1 or Port 2, Ite | em 1B.) | |
| DICA | CAUSE OF DEAT | | 12: | 15 P.mm 9 | 1 19 68 | Ped | estrian | stru | ck by car | | |
| ₹ 2 | 21d. INJURY OC | | PLACE OF I | NJURY (At home, for building, etc.) | m, street, | 21f. LOCATIO | N Street or R.F.D. I | No. | City or Town | County | Stote |
| | AT WORK | OT WHILE | Balti | more Wash | . Parkw | av nr | Powder N | lill | Rd. Prince G or | ge | Md. |
| | 22o. I | certify that | I took chor | ge of the remoins | described obo | ove, held on | Autopsy 🗌 | , In | spection x, Inquiry x | ond in m | y opinio |
| | deoth re | sulted from: | Notur | ol courses | Accident & | , Suicide | , Homic | cide 🔲 | Undetermined monner | | |
| 9 | | | 1 | 11 9 | 1/ | | CHIEF MEDICA | AL EXAMIN | NER 🔲 | | |
| | SIGNATURE _ | 10000 | 421 | 1./10 | 177 | М | D. ASSISTANT M | EDICAL EX | AMINER 22b. DATE S | SIGNED | |
| | EXAMINER'S NAME (Type) | 1 | ohn Ke | choe, M.D. | ., River | dale | DEPUTY MED ADDRESS(Stre | | NINER — 9—] — 9—] — 9—] — | .68 | |
| | BURIAL, CREMA REMOVAL (Spec Burial | | ot 6, | | NAME OF CEMETE | | | | Baltimore, Md. | (County) (SI | tote) |
| | UNERAL DIRECT | - | | h's Sens | | | | C'D BY RE | EGISTRAR 25b. REGISTRAR'S | Cas Judg | u |
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O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate, writing the ward pending in pencil in term 18. Give Pages

TO DEPUTY

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 TEMPS 72 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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| IH DEPI. | | | ype ar Print) | First | | Midd | dle | | Lost | | | Day Year | 2b. HOUR |
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| 2 | | Ma | le | White | 3-8-19 | 00 | last birthday) 68 Y | RS. MONTHS | QAYS HOURS | MIN. | Month Day | 68 19 8: | MMGOO |
| 4 9 | | 70 F | RIRTHPLACE (State | or foreign | b. CITIZEN OF WH | | | | NEVER MARRIED X | 7 0 001 | UNTY OF DEATH | 00 17 0; | DODIUM |
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| Office I and 2 offer d | 1 | 14. F/ | ATHER'S NAME | First | Middle | | Last | 1S. MOTH | HER'S MAIDEN NA! | | Middle | Last | |
| 2 2 2 | | | James | - 100 | | Bet | tis | | Sarah | | | Groves | |
| pages hours | | | WAS DECEASED EVE | | | 16b. SOCIAL SEC | URITY NO. | 17. INFORM | | | ADDRESS | | |
| ram 72 t | | - (11 | NO NO |) (III yes give v | var or dates of service) | | | Etl | nel Pie | rsmo | a (Friend) San | me as A | # 13 |
| Q II. | | | 18. CAUSE OF I | EATH (Enter anl | y ane cause per li | ne far (a), (b), | and (c).) | | | | | APPROXIMATE BETWEEN ONSET | |
| edical E ermit. F within | | | | | | | | | | | | minut | |
| Med Med | | 12 | 11.17 | C) | DUF TO OR | AS A CONSEQUE | NCE OF A | terins | cleroti | hea | rt disease | unkno | |
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| al-trai | | | rise ta immediate cause (a), (b) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| a the Chief burial-transit I in any eve | | | last. (c) | | | | | | | | | | |
| bu bu | 16 | | DADT 2 ATUED CI | CHIEFCANT CONDI | (c) | INC TO DEATH D | LIT MOT DELATE | D TO THE TE | DIAINAL DISEASE S | D. COMPLET | AN OWEN IN BART 1/) | 1 | |
| ded to as a b I, and | 9 | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | | | |
| farward e used a removal, | | NO | 19a. DATE OF OP | 4.00 | | 106 CONDITION | EUD MINICH U | DEDATION | | | | 20. AUTOPSY | /2 |
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| shauld b files. 3 shauld natian, or | | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Inc. 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Injury in Part 2, Injury in Part 2, Injury in Part 2, Injury in Part 3, Injury in Part | | | | | | | | | | m IB.) | |
| ge 4 shauld yaur files. 'age 3 shau crematian, | | ĕ | CAUSE OF DEATH 21d. INJURY OCCU | | P. | | 19 | | | | | | |
| ur f ur f e 3 e 3 | 91 | 2 | | | LACE OF INJURY (A | | street, | 21t. LOCATIO | ON Street ar R.F.D. | Na. | City ar Tawn | Caunty | State |
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| the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with \$5 may be retained for your files. 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the \$5 Health prior to burial, cremation, or removal, and in any event within 72 hours after death. | 14 | | 22a. 1 c | ertify that I to | ak charge of t | he remains d | escribed aba | ve, held a | n Autopsy |], In: | spection X, Inquiry | , and in m | y apinian |
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| ire ain ta | | | | 1 | UK | | 1 | | CHIEF MEDIC | AL EXAMIN | IFR | | |
| riar riar | | | SIGNATURE | 451 | mI | 25 | 1 | | A.D. ASSISTANT A | | | IGNED | |
| be be | 5 | | EXAMINER'S | / | (, 1 | 7777 | | , , , | DEPUTY MED | | | -6-68 | |
| 로 N 등 | X. | | | John Kel | noe MD | River | dale, | Md. | ADDRESS(Str | eet, city, to | own, ar county) | | |
| o F | | 23a. | BURIAL CREMA | 23b. | DATE | 23c NA | ME OF CEMETE | RY OR CREM | ATORY | 23d | LOCATION (City or Town) | (Caunty) (S | tate) |
| - | | | REMOVAL (Specifi | Ser | ot. 9.6 | 8 Ced | lar Hi | 11 C | emeterj | | LOCATION (City or Town) Suitland, Na: | (County) ry Land | |
| | 1 | 24/ | FUNERAL DIRECTO | | , | | ADDRESS | Was | sh. 25a. R | EC'D BY RE | GISTRAR 2Sb. REGISTRAR'S SI | IGNATURE | |
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13328 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled to the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death.

executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

VR A15 30M REV.

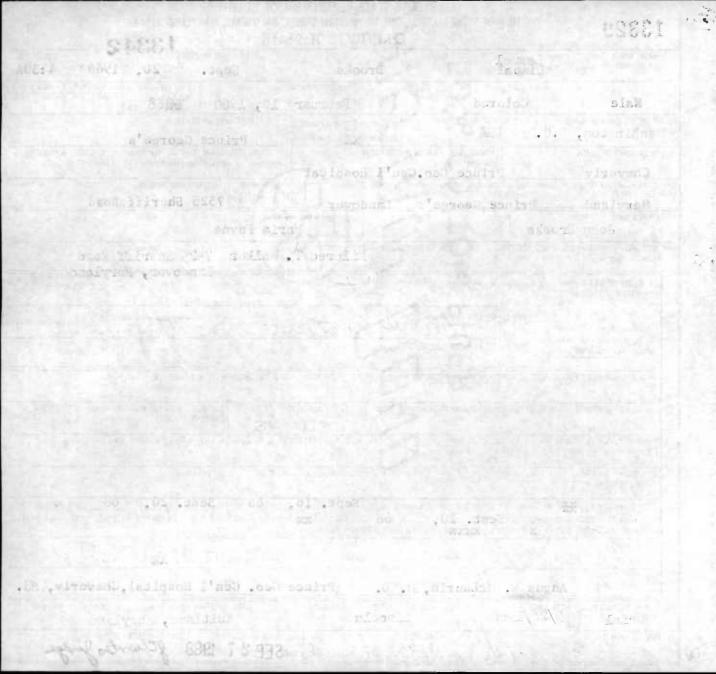
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

| 13328 | DIV | ISION OF VITAL I | | IFICATE OF | | ORE, MARYLAND | 21201 | 3341 | 10 |
|---|--|--|--------------------------------------|-----------------------------------|--------------------------|---|---------------|-------------------------------------|--|
| 1. DECEASED-NAME | First | ٨ | Middle | Last | | 2a. DATE OF DEATH | | | 2b. HOUR |
| (Type ar print) | Jame | s E | | Briley | | Mant | - Day | - Year & | 9A |
| 3. SEX | 4. | RACE | | S. DATE OF | BIRTH | 6. AGE (I | years | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| male | 177,334 | white | | July | 2, 1913 | last bird | hday) YRS. | MONTHS OAYS | HOURS MIN. |
| o. BIRTHPLACE (State or Country) th Caro | foreign 7b. 0 | ITIZEN OF WHAT COUNT USA | ITUAL | RRIED NEVER MA | RRIED 9. | COUNTY OF DEATH Prince | George | 's | M |
| O. CITY OR TOWN OF DE E Riverdale | ATH | 11. NAME OF HO give street addr | SPITAL OR INSTITUTION | N (If nat in haspital renswood | | occupation (Kind of a af warking life, even | if retired.) | 12b. KIND OF B INDUSTRY Onstr | BUSINESS OR uction |
| 13a. USUAL RESIDENCE (Wadmissian) STATE Md | | ed, if institution: Resident b. COUNTY Pro Geo | | TY OR TOWN Riverdal | YES NO | | | d Road | |
| Po | | Middle riley | Last | 1S. MOTHER'S A | MAIDEN NAME First Mag | gie Knox | Middle | | Last |
| 16a. WAS DECEASED EVER Yes, na, ar unknawn) | N U.S. ARMED FO | | AL SECURITY NO. 16 3881 | 17. INFORMANT Doroth | y Briley | E. River | Address dale, | Md. | ATE INTERVAL |
| Canditians, if any, vise to immediate stating the underliast. | WAS CAUSED BY: IMMEDIATE CA which gave cause (a), ying cause | (c)OUE TO, OR AS A CONSI | EQUENCE OF | antexio | selve | farction Him | + Disa | 7. | iset and death |
| 1/201 | NIFICANT CONDITIO | NS CONTRIBUTING TO D | EATH BUT NOT RELA | TED TO THE TERMIN | AL DISEASE OR CON | DITION GIVEN IN PART | 1(a) | | |
| 19a. DATE OF OPERAT | ION 19b. CONDI | TION FOR WHICH OPERA | TION WAS PERFORME | D 20a. AUT YES | | 20b. IF YES, WERE CAUSES OF DEATH | | NSIDERED IN CEI | RTIFYING |
| 21a. ACCIDENT WAS | cause of OEATH dical examiner) | P.M. | Day Year 19 | 21c. HOW INJURY O | CCURRED (Enter n | ature of injury in Part | ar Part 2, It | em 18.) | |
| 21d. INJURY OCCUR While Nat while at wark at wark | | OF INJURY (AT HOME, F. OFFICE BUIL | ARM, STREET, FACTORY.) DING, ETC. | 21f. LOCATION Str | eet ar R.F.D. Na. | City ar Tawn | | Caunty | State |
| saw the de | eceased alive | opital) attended than on— (we) (did) (did and) | 160 | _, and that in (r | ny) (aur) apini | , ta an death accurred | an the dat | | (I) (we) la and fram th |
| 22b. SIGNATURE | col Se | Layn | nay | DEGREE PHYS. | DIRE | CTOR STAFF | □ 22c. D | ATE SIGNED | 68 |
| 22d. PHYSICIAN'S NAME (Type) | David S | Clayman | | 22e. AC | Riverda. | le, Md. | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9/23/ | n. | altimore | | Cemeter | | ore, l | (County) Md • | (State) |
| 24. FUNERAL DIRECTOR F. (| asch's | ons Hya | ADDRESS ttsville, | Md. | DATE SEP | | REGISTRAR'S S | SIGNATURE LONG | ige |

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Last 2a. DATE OF DEATH 2b. HOUR Lemuel (Type or print) Manth 20 . Day 1968 or Brooks Sept. 4:30Am Limual 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS HOURS Male Colored February 10. 1900 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED couWashington . D.C. completely filled in ove corbon popers. USA DIVORCED [WIDOWEDY Prince George's 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY Prince Geo.Gen'l Hospital Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO 7525 Sheriff Road Prince George's Maryland Landover 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Last Middle Last John Brooks Maria Pavne Mildred T. Walker 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7525 Sheriff Road Yes, na. ar unknawn) Landever, Marylandan amuu 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY permit 0 IMMEDIATE CAUSE (a) cremotion, Canditians, if any, which gave) buriol-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been os the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? use YES 🗌 be retoined by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (this haspital) attended the deceased fram Sept. 16, 1968, ta Sept. 20, 1968, that (we) last saw the deceased alive an Sept. 20, 19 68, and that in (20) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (the (we) (did) ididual) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED. **ATTENDING** MED director, poge 3 should be filed w DEGREE 22e. ADDRESS NAME (Type Prince Geo. Gen'l Hospital, Cheverly, Md. Angus W. McLaurin, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 9/26/1968 (County) (State) Lincoln RENGVAL (Secrify) Suitland, Maryland ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) Charles



MARYLAND STATE DEPARTMENT OF HEALTH Item23 take DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14835 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) OF ESTIDEATH MATED X 9-28-68 Brown Edward 0 Leo 19 15am 4. RACE 6. AGE (In years IF UNDER 1 YEAR 3 SEX 5. DATE OF BIRTH IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR Negro Male 68 19 7: 27am M 7a. BIRTHPLACE (State or foreign 7b. CIFIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH (duntry) WIDOWED [DIVORCED [Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress George Hospital during most of working life, even if retired.) INDUSTRY Cheverly with 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER PARCE George's Bladensburg YES NO Stone Yard Tand 2 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Middle Lost pages pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) FILE 9 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure pending min. Arteriosckerotic heart disease unknown DUE TO, OR AS A CONSEQUENCE OF Canditians, if only, which gove rise to immediate couse (a), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause 5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 50 removal CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO C g 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f 10CATION Street or R.F.D. No. City or Tawn County State FUNERAL DIRECTOR: Page factory, affice building, etc.) WHILE NOT WHILE please execute burial. 22a. I certify that I taak charge af the remains described above, held an Autopsy ... Inspection [X], Inquiry and in my opinian Notural Rouses 3 Suicide death resulted from: Accidend Undetermined monner retoined Homicide prior to CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 9-30-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) J Riverdale, Md. ADDRESS(Street, city, town, or county) Kehoe MD 0 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY~ 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Spegify) Harmony 24. FUNERAL DIRECTOR W.H. Bacon, Bacon Funeral Home, 1722 7th St., N. W DATE

Washington, D. C. 20001

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FOR STATE HEALTH DEPT.

pages 1 and 2 with the State Department of

any delay is PM3. Page In They 18. Give Pages 1 This certificate should be executed within 24 hours after death exc Office along with necessory, please execute the certificate, writing the word "pending" in pend the funeral director. Page 4 should be forwarded to the Chief Medical Exam

Health prior to burial, cremotion, or removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File 5 may be retoined for your files.

13331

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13344 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | CEASED-NAME | First | | Middle | Last | NO ALL | 2a. DATE KNOWN | Manth De | ay Year | 28 HOUS |
|----------------|--|---------------------------------|-----------------------|-------------------------|-------------------------------|--|---|----------------------------|------------------------------|------------------|
| (1) | ype or Print) | E | rne st | Raymond | Brown | | OF ESTI- | 0 ' | 27 1968 | Mg E |
| 3. SE 2 | X | 4. RACE | 5. DATE OF BIRTH | 6. AGE (In ye | IF UNDER 1 YEAR) MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. | 2c. DATE PRONOUNCE | | = -110 | 2d, HOUR 8:20 |
| | M | negro | 22 May | 1930 38 last birthday | (RS.) | HOURS MIN. | Manth 9 | Day 27 | Year 168 | 8:20 |
| 7a. B | IRTHPLACE (State | e or foreign 7b | CITIZEN OF WHAT CO | OUNTRY? 8. | MARRIED NEVER MA | | | 111 | | |
| | | e, Md. | USA | | | | Prince Geo | 0 | | Md. |
| 10. CI | TY OR TOWN O | | | OF HOSPITAL OR INSTITUT | | | OCCUPATION (Kind of w of working life, everni) | ork done 12 retired.) | b. KIND OF BUS | iness or Edu |
| 13n I | | erly | Llived if institution | Residence before 13cg | GEOLSE UOS | Bd. INSIDE CITY LIMITS? | 13e STREET AND NUM | ARER | catio | h Euc |
| odi | mission) STATE | Md. | 13b. COUNTY Pri | nce George | | AF2 NO | n RFD 2462 | | | |
| | | William | F. Brow | lost | | | - Jackso | | Los | |
| 6a. W (Ye | /AS DECEASED EV s, no, or unknow | ER IN U.S. ARMED FOI | RCES? | SOCIAL SECURITY NO. 51 | Beatric | e Brown | n - Wife | ss Same | as 13 |)e |
| | 18. CAUSE OF | DEATH (Enter only | ane cause per line fa | or (a), (b), and (c).) | | | | | APPROXIMATE BETWEEN ONSET | |
| | PART I. D | EATH WAS CAUSED I | BY: E CAUSE (a) | Shock | | 14-16-31 | | | | |
| | 814 | | | CONSEQUENCE OF | | | | | | |
| | rise to immed | iny, which gave iate cause (a), | (b) | | ceration | | | 7 12 | | |
| | stating the un | derlying cause | DUE TO, OR AS A | A CONSEQUENCE OF | | | | 7.7.0 | | |
| | | , | (c) | | | | | | | |
| | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | |
| CERTIFICATION | 19a. DATE OF O | PERATION | 19b. | CONDITION FOR WHICH | OPERATION | Contract of the contract of th | North Control | - 3. 10 | 20. AUTOPSY? | |
| | | | | WAS PERFORMED? | | | | | YES 🗌 | NO 🔀 |
| _ | 210. EXTERNAL | CAUSE WAS R CONTRIBUTING | 21b. TIME OF INJUI | RY Manth, Day, Yeor | 21c. HOW INJURY O | CCURRED (Enter no | ture of injury in Part 1 | or Part 2, Item | 18.) | OHE |
| 8 | CAUSE OF DEAT | Н | 7:50 P.Mom | 9 27168 | Pedestr | ian struc | ck by car | | | |
| W | 21d. INJURY OC | | ACE OF INJURY (At ho | me form street | 21f. LOCATION Street | ar R.F.D. Na. | City or Tawn | | County | Stote |
| | WHILE N | T WORK | Rt 301 n | r Rt 308 | | Uj | pper Marlbo | ro | P.G. | Md. |
| | 22o. I | certify that I too | | emoins described ob | | | | | | y opinion |
| | deoth re | sulted from: | Notural couses | Acquitent 2 | Suicide | Homicide _ |], Undetermined | monner [| | |
| | ACTUAL | 1 | Ma. 19 | ho | | EF MEDICAL EXAMI | | | | |
| | SIGNATURE _ | 10 | my 1 | WYY/ | M.D. AS: | SISTANT MEDICAL EX | KAMINER . | 22b. DATE SIG | | |
| | EXAMINER'S NAME (Type) | oh | n Kehoé, | M.D., River | | PUTY MEDICAL EXAM | | 9-28- | -08 | |
| 23a. | BURIAL, CREMA | TION, 23b. D | ATE | 23c. NAME OF CEMET | | | d. LOCATION (City or To | wn) (C | ounty) (S | itate) |
| | Buria. | 1 / 1 (| Oct. 68 | Mount 0] | ivet | | Washingt | , | ,, | |
| 24. F | EUNERAL DIRECT | or Inc. | 4339 H | unt PI., | N.E. DC | | 1 1968 | EGISTRAR'S SIG | NATURE | ter. |

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24. FUNERAL DIRECTOR

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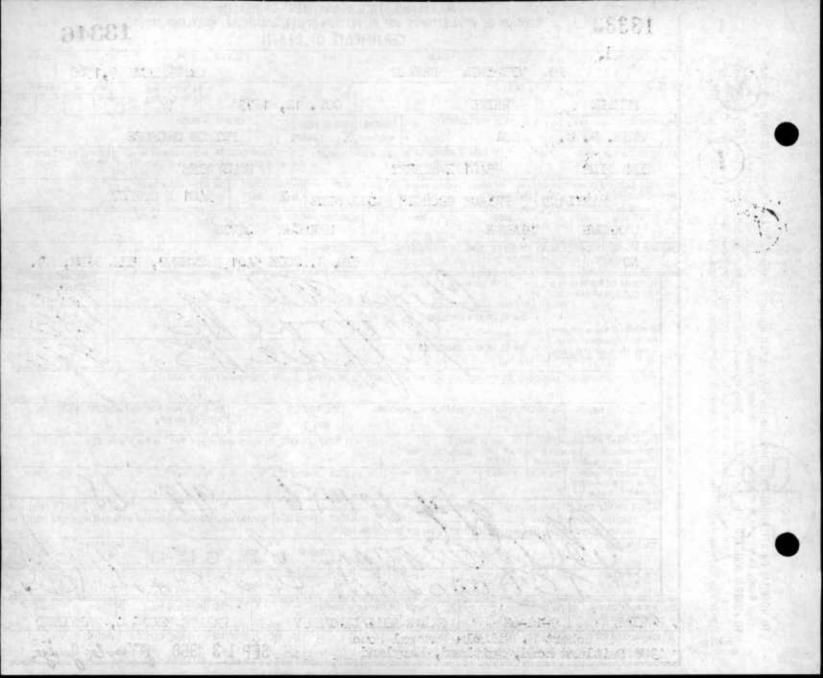
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| TAI | RECORDS, | 301 | W. P | RESTON | STREET, | BALTI |

IEALTH IMORE, MARYLAND 21201 13346 **DIVISION OF VI** CERTIFICATE OF DEATH

| | | ECEASED-NAME Firs Type or print) | | Middle NIA BRYA | יווא | Last | | 2a. DATE OF | SEPTEMBER ^{DO} | 0.168 | 2b. HOUR |
|----|---------------|--|---|---|-----------|-------------------------|-------------------------|----------------|--|-----------------------------|-------------------------------|
| | 3. SI | EX | 4. RACE | | | 5. DATE OF BIR | | | 6. AGE (In years lost highdoy) | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. |
| | | FEMALE | WHI | TE | | OCT. | 12, 18' | 73 | 94 YRS. | MONTHS DATS | HOURS MIN |
| | 7o. | BIRTHPLACE (State or foreign ntry) WASH. D. C. | 76. CITIZEN OF V | | WIDOWED | | CED | | CE CEORCES | | ٨ |
| 50 | 10. (| HILL SIDE | 11. I | NAME OF HOSPITAL OR I | ET | | 12a. USUAL during mo | OCCUPATION | (Kind af wark dane life even if retired.) | 12b. KIND OF INDUSTRY | BUSINESS OR |
| | | USUAL RESIDENCE (Where decedission) STATE MARYIAN | | ution: Residence before NCE GEORGE | | L SIDE | 3d. INSIDE CITY LIM | | REET AND NUMBER 401 N STREE | et | |
| | 14. 1 | FATHER'S NAME First UNKNOWN | Middle BIADEN | Last | | S. MOTHER'S MAI UNKN | | DAVIS | Middle | | Last |
| | 16a. Y | WAS DECEASED EVER IN U.S. AR | MED FORCES? war or dates of service) | 166. SOCIAL SECURITY | | IDA S. | COOK 54 | 401 N S | Address | LL SIDE | , MD. |
| | | Canditians, if any, which gave | ED BY: HATE CAUSE (o) DUE TO, OR | AS A CONSEQUENCE O | res | de | elle | H | 15 | | MATT SOTEVAL METIDAD DIATH |
| | | rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO | DUE TO, OR | AS A CONSEQUENCE O | eff | O THE TERMINAL | DISEASE ORCO | ONDITION GIVE | N IN PART 1(a) | 4 | 1/2 |
| X | CERTIFICATION | 19a. DATE OF OPERATION 19b | . CONDITION FOR W | HICH OPERATION WAS I | PERFORMED | 20a. AUTOF | NO 🔲 | | YES, WERE FINDINGS (S OF DEATH? | CONSIDERED IN C | ERTIFYING |
| | MEDICAL CER | 21a. ACCIDENT WAS UNDERLY ☐ OR CONTRIBUTING ☐ CAUSE OF DE. (If either, notify medical exom | ATH HOUR A.M | . Manth Doy Yea | 19 | | | noture of inju | ry in Port 1 or Port 2, | Item 1B.) | |
| | ME | at work ot work | | (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC. | 10 | 101 | | - | or Town | County | State |
| | | 22a. I certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinion death occurred an the date and hour and from the courses stated above. (1) (we) (att) (and not) view the bady after death. | | | | | | | | | |
| | | 22b. SIGNATURE | 10 | alle | 100 | ATTENDING PHYS. | DII DII | D. RECTOR | STAFF PHYS. 22c. | DATE SIGNED | 0/61 |
| 1 | | 22d. PHYSICIAN'S NAME (Type) | 01) | ONOU | IAI | 22e. ADDR | 74 | 00. | StAm | PK | 20 |
| (C | | BREMOYAL (Specify) | -12-68 | CEDAR | | CEMETER | | PRI | ON (City or Town) NCE GEORGE | (County) S, MARY | (State) LA ND |
| 8 | | FUNERAL DIRECTOR Rober 4308 Suitland | | | | Э | 2Sa. REC'D BY | | 1968 REGISTRAR'S | S SIGNATURE | udge |



| | lm 406 ll- DIVISIO | 4-68anM N OF VITAL I | RECORDS, 3 | DI W. PRE | STON STRI | ET, BALTI | EALTH MORE, MAR | RYLAND 2120 | 1 1 2 2 % | riev |
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| . DECEASED-NAME (Type or print) | First Florence | B | Aiddle | Ru1 | lost lock | | 20. DATE OF Sept. | Month 6 | Doy 1968 Year | 2b. HOUR 7:20 |
| . SEX | 4. RACE | | | | DATE OF BIR | Н | bepe. | 6. AGE (In years | IF UNDER 1 YEAR | R IF UNDER 24 HRS. |
| Female | Ne | egro | | | Jan. | 20. 19 | 27 | lost birthdoy) 41 | YRS. MONTHS DAY | YS HOURS MIN. |
| o. BIRTHPLACE (Stote o | or foreign 7b. CITIZEN | OF WHAT COUNT USA | | MARRIED WIDOWED | NEVER MARR DIVORC | ED . | 9. COUNTY OF | DEATH George | †s | M |
| Cheverly | DEATH | 11. NAME OF HO give street oddr Prince | SPITAL OR INSTIT | UTION (If not | in hospitol | | L OCCUPATION | (Kind of work of life, even if retir | lone 12b. KIND | OF BUSINESS OR |
| | (Where deceosed lived, if 13b. CO Prin | institution: Resid | ence before 1 | | OWN 13 | d. INSIDE CITY LIN YES NO | | REET AND NUMBE | R od Avenu | ie. |
| 4. FATHER'S NAME | First M Unknown | ddle | Lost | 1S. A | MOTHER'S MAI | | | Midd | | Lost |
| 160. WAS DECEASED EV Yes, no, or unknown) | ER IN U.S. ARMED FORCES? (If yes give war or dates of se | | AL SECURITY NO. | | ormant ohn H. | Bulle | ck - H | Addre usband | ess | |
| 677V | , which gove te couse (o), rlying couse GNIFICANT CONDITIONS CO | D, OR AS A CONS Elec D, OR AS A CONS c) to t | trolite EQUENCE OF 1 THE UTI DEATH BUT NOT | excr nary nary nary nary nary nary nary nary nary | etion system system | in a | ondary caesa ONDITION GIVE | N IN PART 1(0) YES, WERE FIND! | | Approx. 4 days |
| 190. DATE OF OPER | | | | | YES | NO 🗀 | MATERIAL PROPERTY. | OF DEATH? | s | |
| 21o. ACCIDENT W | CAUSE OF DEATH HOU | TIME OF INJURY R A.M. Month P.M. | Doy Yeor | 21c. HOW | INJURY OCCU | RRED (Enter | noture of injur | y in Port 1 or Po | ort 2, Item 1B.) | |
| ₹ 21d. INJURY OCCU While Not who twork of work | JRRED 21e. PLACE OF IN | JURY (AT HOME, F OFFICE BUIL | ARM, STREET, FACTOR LDING, ETC. | 21f. LOCA | TION Street | or R.F.D. No. | City | or Town | County | Stote |
| 22a. I certify | that (1) (this chospits deceased alive on ated above(I))(see) | Sept. 6 | 196 | 8_, ond t | hat in (my | , 19 <u>.</u> — (coun) opir | to | Sept 6 | , 19 <u>68</u> , th ne date and hav | at (I) (1234) las ur and fram th |
| 22d. SIGNATURE | teny a | T.C. | his | DECREE | ATTENDING PHYS. | <u> </u> | ED. RECTOR | STAFF PHYS. | 22c. DATE SIGNED Sept. 6 | , 1968 |
| NAME (Type) | Henry A. Wi | se. Jr. | . M. D. | 11 | | | St. Bo | owie, Md | 20715 | De File |
| 230. BURIAL CREMATIO | ON, 23b. DATE | | c. NAME OF CE | METERY OR CR | | | 23d. LOCATIO | N (City or Town) | (County) | (Stote) |
| 24 FUNERAL DIRECTOR W Ernest | | | 1432 Y | ou St. | N.W. | So. REC'D BY | REGISTRAR | 75h PACINT | PAR'S MENANTE | 44 3 |

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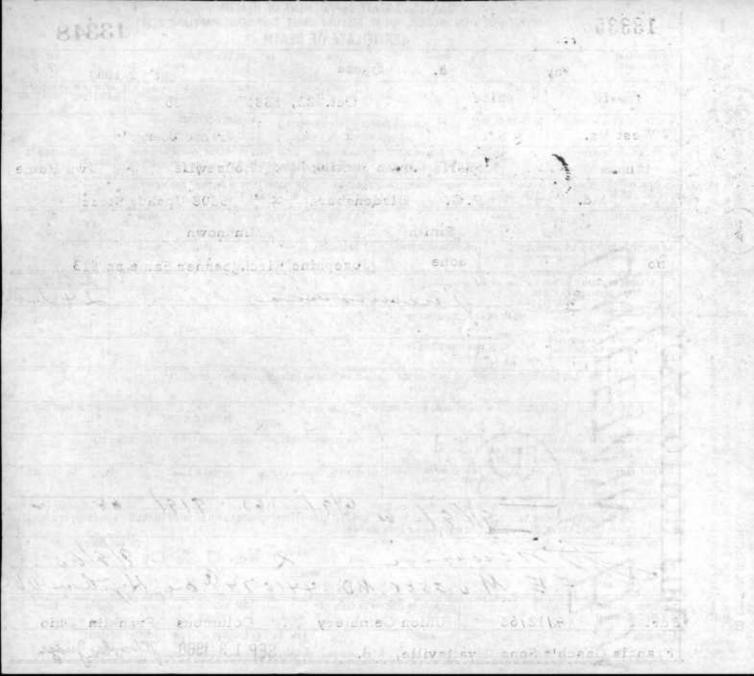
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| | ECEASED-NAME Type or print) | First | Middle | | Last | | 2a. DATE OF D | | | 2b. HOUR |
| 1 | A1 | ine | | Ca | aldwell | TO COM | C. | Month D | ay Yeor | 3:40 A |
| 3. S | female | 4. RACE | Negro | | 5. DATE OF BIRT | | | 6. AGE (In years lost birthdoy) YRS | MONTHS DAYS | HOURS MIN. |
| | BIRTHPLACE (State or foreig | 7b. CITIZEN OF | WHAT COUNTRY? | 8. MARRIED | NEVER MARRI | ICUI I | COUNTY OF I | DEATH | | -1 |
| (00 | Tennessee | U.S.A | • | WIDOWED | Sep DIVORC | ED 🗀 | Prince | e Georges | 3 | Mo |
| 10. | CITY OR TOWN OF DEATH Glenn Dale | 11. gi | NAME OF HOSPITAL OR INST street oddress) Lenn Dale Ho | ITUTION (If r | at in haspital | | | Kind of work done fe, even if retired.) | | F BUSINESS OR |
| 13o. odm | USUAL RESIDENCE (Where issian) STATE | deceosed lived, if insti | | | town 13 | d. INSIDE CITY LIMIT | 57 13e. STRI | ET AND NUMBER 537 High | | E. |
| 14. | FATHER'S NAME First Ame | Middle | | | S. MOTHER'S MAII | DEN NAME First | | Middle | Warre | Last n |
| 1 | (es, no, or unknown) (lf y | S. ARMED FORCES? ss give war ar dates of service) | 16b SOCIAL SECURITY NO |). 17. 253 | INFORMANT | Dece | dent | Address | | |
| ATION | Conditions, if any, which rise to immediate couse stating the underlying class. | DUE TO, 0 (b)_ (c)_ (c)_ (c)_ (c)_ (c)_ (d)_ (d)_ (d)_ (d)_ (d)_ (d)_ (d)_ (d | ram negative monas inter R AS A CONSEQUENCE OF A Cute and ch BUTING TO DEATH BUT NO a STIC parap WHICH OPERATION WAS PERI | ronic RELATED TO Legia | pyelon | ephrit | is IDITION GIVEN Prise my | IN EART 1(g) relitis, | уеа | |
| CERTIFICATION | 21g. ACCIDENT WAS UND | DI VINC LOU VIANT | OF IMMINY | 101. 11 | YES X | NO 🗌 | | OF DEATH? | | |
| MEDICAL C | OR CONTRIBUTING CAUSE | OF DEATH HOUR A.I | W. 19 | | OW INJUKT UCCU | KKED (Enter n | oture of injury | in Port 1 or Part 2 | z, item (8.) | |
| WE | 21d. INJURY OCCURRED While Nat while at wark of wark | 21e. PLACE OF INJUR | OFFICE BUILDING, ETC. | | OCATION Street | | | or Tawn | County | State |
| | 22a. I certify that x saw the deceas causes stated of 22b. SIGNATURE | *(this haspital) a ed alive anbove *(D* (we) (di | nttended the deceased 9/24/19 | fram68, on ady after | | | | 22 | c. DATE SIGNED | r ond from th |
| | 22d. PHYSICIAN'S NAME (Type) | loe Weiss, | M. D. | DEGI | 22e. ADDR | DIRE | n Dale | Hospita | 9/24/68 | |
| | BURIAL, CREMATION, RPDOVAL Specify) | 23b. DATE 9-27-1 | 968 23c. NAME OF C | EMETERY OR | CREMATORY | | 23d. LOCATION | (City or Town) | (County) | (State) |
| 24. | FUNERAL DIRECTOR Rom | lerson | ADDRESS | te | : 00 | DATE SEP | PEGISTRAP 96 | 8 25b. PORA | "S SPENATURE | Age. |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the lumbal director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages shauld be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any eyent, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

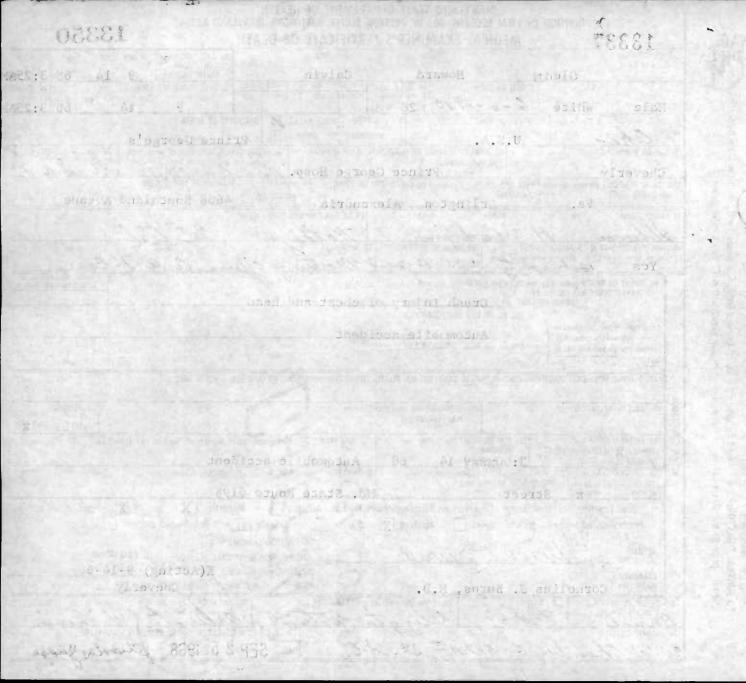
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13350

| | CEASED-NAME ype or Print) | First | | Middle | | Last | | | 20. DATE | KNOWN | Month | Doy | Year | 2b. HOUR |
|---------------|------------------------------|--------------------|--------------------------|------------------------------|---------------|----------------------|------------------|----------------|-------------|--------------|-------------|--------------|------------|-----------|
| , | the or tilling | Glen | H | Howard | | Calvi | n | 122 | OF DEATH | MATED | 9 | 14 | 158 | 3:250 |
| 3. SE | X | 4. RACE | S. DATE OF BII | | AGE (In years | | | 24 HRS MIN. | | PRONOUNCE | | | | 2d. HOUR |
| | Male | White | 6-6 | -1940 | | RS. MONTHS DATS | HOUKS | min. | Mantl | 9 | Doy 14 | Yeo | 1968 | 3:25WAT |
| | SIRTHPLACE (State | or foreign | 7b. CITIZEN OF WI | HAT COUNTRY? | 8. N | ARRIED NEVER A | MARRIED X | 9. COU | NTY OF DI | EATH | 30.00 | | | 12 12 2 |
| caun | (IV) Oh: | _ | U.S.A | Α. | WI | DOWED DI | VORCED | Pr | ince | Georg | 7010 | | | Md. |
| 10. C | ITY OR TOWN OF | DEATH | 11. N | IAME OF HOSPITAL O | R INSTITUTION | ON (If not in hospit | | USUAL OCC | CUPATION | (Kind of wo | ork done | 12b. KIN | D OF BUS | INESS OR |
| | Cheverl | v | give | street address) | nce G | eorge Ho | SD durin | g mast af | warking l | ife, even if | retired.) | INDUSTR | P | 1.2 |
| 13a. | USUAL RESIDENCE | | | utian: Residence be | fare 13c. Cl | TY OR TOWN | 13d. INSIDE CITY | LIMITS? | 13e. STREE | T AND NUN | IBER | | 10/0 | w , |
| 00 | lmission) STATE | Va. | Tb. COUNTY | rlington | 410 | xandria | YES 🗌 | | | South | | Ave | nue | |
| 14. F | ATHER'S NAME | First | Middle | | ast | IS. MOTHER'S M | AIDEN NAME | | | | ddle | | Las | t |
| 6 | Hlow | . / | 4. | 2 Sami | | War | 4 | | 1 | 1:1 | 1 | - | | |
| | | ER IN U.S. ARMED F | ORCES? | 16b. SOCIAL SECURI | TY NO. | 17. INFORMANT | ryn | | | ADOR | 55 | | | |
| (Y | es, no, or unknow Yes | n) (If yes give v | war ar dates of setvice) | 285-38 | -202 | 8 mont | Lane | 011 | EIA | 1.0 | 2.7 | Ba | 18 | |
| | | | | ine for (a), (b), and | | 77200 | 7 | 11 | <u> </u> | | | A | PPROXIMATE | |
| | PART I. DI | FATH WAS CALISED | RY- | | | 6 -1 4 | 3 1 | | | | | BEI | WEEN ONSET | AND DEATH |
| | 819 | IMMEDIA | | Crush inj | | I Chest | and ne | ad | | | | | | |
| | Conditions, if a | | | | | 2 3 | | | | | | | | |
| | rise to immedi | declying course | | Automobil R AS A CONSEQUENCE | | ndent | | | | | | | | |
| | lost. | derlying couse | () | | | | | | | | | | | |
| | PART 2. OTHER S | IGNIFICANT CONDE | TIONS CONTRIBUT | ING TO DEATH BUT | NOT RELATE | D TO THE TERMINAL | DISEASE OR | CONDITION | N GIVEN IN | PART 1(a) | | | | |
| | | | - | | | | | | 0., 21, 11 | | | | | |
| CERTIFICATION | 19a. DATE OF O | PERATION | | 19b. CONDITION FO | R WHICH O | PERATION | | 770 | | | | 20 | . AUTOPS) | Y? |
| IFIC | | | | WAS PERFOR | NED? | | | | | | | 100 | YES 🗀 | NO K |
| CERT | 210. EXTERNAL C | AUSE WAS | 21b. TIME OF | INJURY Month, Doy, | Year | 21c. HOW INJURY | OCCURRED (E | nter natur | e of injury | in Part 1 a | r Part 2, 1 | tem 18.) | | - KANJ |
| MEDICAL | PRIMARY X OR CAUSE OF DEATH | CONTRIBUTING | HOUR A. | | 1968 | Automo | hila | hooid | lont | | × 7.4 | | | |
| MED | 21d. INJURY OCC | | LACE OF INJURY (| At hame, farm, stre | | 21f. LOCATION Stre | | | | or Town | -101 | Caunt | у | State |
| | WHILE NO | | tary, office buildin | ig, etc.) | | Md. Stat | a Dana | - 161 | | | | | 15 6 | |
| | | | treet | the remains desc | | | | | | Te In | quiry X | 7 | ad in m | u aninian |
| | | - | | ses Accid | | | Homici | | pection | termined | 1 Chapter | | ווע מו ווו | y apinian |
| | dedity les | Sulled Hully | Cholola cao | ses [], Atti | Telli [A], | | | | _ | lemmed | monnei | | | |
| 2 | ACTUAL | 1/1 | 1801 | Tim | 1 | | HIEF MEDICAL | | | 7 | 22b. DATE | SIGNED | | |
| | SIGNATURE | gh a-a | 1 | yeur | 1 | | SSISTANT MEDIC | | | | | | 8 | |
| | EXAMINER'S NAME (Type) | Compolic | a T P. | was M D | | | DDRESS(Stree | | | | | | | |
| 2306 | BURLAY, CREMAT | | DATE | rns, M.D. | | RY OR CREMATORY | 55/(25/(45 | | | City or To | | (Caunty) | 15 | tate) |
| Louis | | () | DUIT | ZJU. NAME | A. CTIMELTI | KI AK CKEMMINKI | | 1 200. | LUCATION | Acity of Idi | 44117 | LAUDIII (V.) | | tate) |
| 1 | REMOVAL (Speci | (y) S | 3-15-60 | 1.1 | - | + Mr | 1-1 | | 7. 1 | + , | 4 | 11 . | • 13 | P |
| 24. | FUNERAL DIRECTO | | -18-68 | | DRESS | to Wal | 250 REC | D BY REG | ELL | right of | GISTRAR'S | Una | gen | · · |
| 63 | | (Y) 9 | -18-68 | arla | wat | to Wal | correl | a | Erle | viel | 2 | lan | cin | |

TO DEPUTY

Health prior to burial, cremation, or remayal, and in any event within 72 hours after death.



the funeral us ofter death. ours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, when the state Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be ex Poge 4 moy be retained by the hospital or ottending physician.

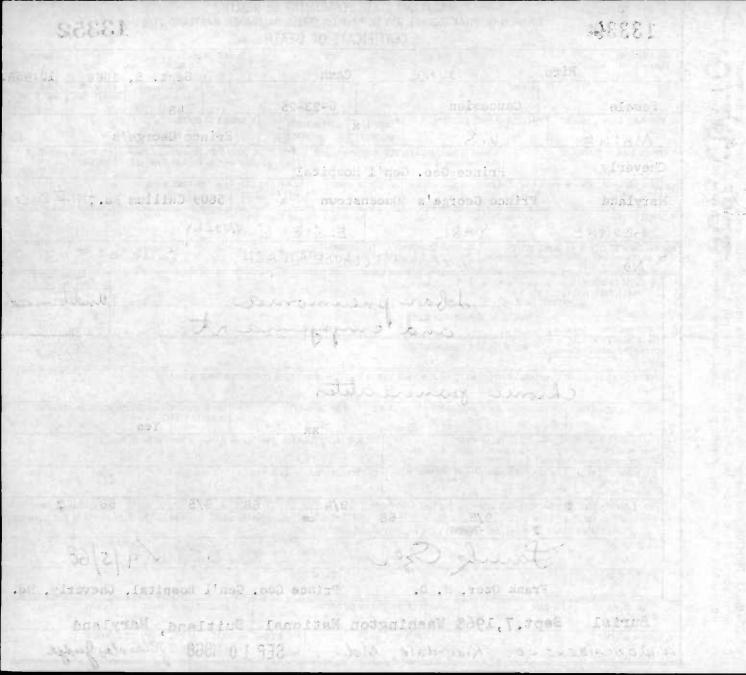
> VR A15 (4) 30M REV. 1/68

13339

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIFICATE OF DEATH

| | | CL | KINICAIL OI | DLAIII | | | | | | |
|---|--|--|----------------------------|---|-------------------------------------|----------------------------|---------------|------------------|-------------|-------------------|
| 1. DECEASED-NAME | First | Middle | Last | | 2a. DATE OF DEA | | | | 2b. I | HOUR |
| (Type or print) | Rita | JUNE | Cash | | | Manth Day | 196 | Yeor R | 12 | : 45% |
| . SEX | 4. RACE | | 5. DATE OF E | IRTH | 6. / | AGE (In years | IF UNDER | R I YEAR | IF UNDER | 24 HRS. |
| Female | Ca | ucasian | 6-2 | 3-25 | 10 | st birthdoy) L2 YRS. | MONTHS | OAYS | HOURS | MIN. |
| o. BIRTHPLACE (State | ar foreign 7b. CITIZEN | OF WHAT COUNTRY? 8. | MARRIED NEVER MA | RRIED 9. | COUNTY OF DEA | TH | | | | |
| MAIN | 2 | | | RCED 🗀 | Prince | George | s | | | Md. |
| O. CITY OR TOWN OF D Cheverly | | 11. NAME OF HOSPITAL OR INSTIT give street address) Prince Geo. Ge | | during most | OCCUPATION (Kin of warking life, | | | KIND OF JSTRY | BUSINESS | OR |
| 30. USUAL RESIDENCE odmission) STATE Maryland | | nstitutian: Residence before 13 | ueenstown | 13d. INSIDE CITY LIMITS | | AND NUMBER Chillum | Rd. | Hah | 太力 | n |
| 14. FATHER'S NAME GEOR | | MARL Lost | 15. MOTHER'S N | AIDEN NAME First | | Middle | | | Lost | |
| Yes, no or unknown | ER IN U.S. ARMED FORCES? (If yes give war ar dates of sen | | 17. INFORMANT 93 ELAUDE | AICASL | ł. | SAME | AS | # | 13 | |
| 18. CAUSE OF DE | EATH (Enter anly ane cause IH WAS CAUSED BY: | per line far (a), (b), ond (c).) | | | -1011 | 6116 | В | | NATE INTERV | |
| 11001 | IMMEDIATE CAUSE (a) | Joban | preum | oma | | | u | nde | leim | nea |
| 48/X | |), OR AS A CONSEQUENCE OF | | | + | | | | | |
| Conditions, if any | te cause (a). | ana | emp | ema | - ~~ | A | - | | | |
| stating the unde | erlying couse DUE TO | , OR AS A CONSEQUENCE OF | | | | | | | | |
| | CHIEICANT CONDITIONS CON | TRIBUTING TO DEATH BUT NOT | DELATED TO THE TEDAMAI | N DISEASE OR COM | IDITION CIVEN IN | DADT 1/a) | - | | | |
| 4900 | Chamile Company | 1. Danis | o attes | AL DISEASE OR CON | IDITION GIVEN IN | raki i(u) | | | | |
| 19a. DATE OF OPER | ATION 19b. CONDITION F | OR WHICH OPERATION WAS PERFO | RMED 20a. AUT | | 2Db. IF YES, CAUSES OF | WERE FINDINGS (DEATH? Yes | ONSIDER | ED IN CE | ERTIFYING | 3 |
| | LID. 1 | IME OF INJURY | 21c. HOW INJURY OF | | ature of injury in | | Item 18.) |) | | |
| OR CONTRIBUTING | CAUSE OF OEATH HOUR | A.M. Month Doy Yeor P.M. 19 | | | | | | | | |
| 21d. INJURY OCCU While Nat what wark at wark | JRRED 21e. PLACE OF IN | JURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC. | Y.) 21f. LOCATION Stre | et ar R.F.D. No. | City ar T | awn | Caunt | у | S | itate |
| 22o. I certify sow the | that (this hospital deceased alive on | ottended the deceosed | 58, and that in (| , 19 <u>_6.8</u> 7) (our) opinio | 3_, to <u>9/5</u> on deoth occu | , 19 rred on the do | 68 ote ond | , thot hour | (woond fro | e) lost om the |
| 22b. SIGNATURE | ofed obove, (ve) | (did) (did) view the bo | dy offer deofh. | | | 1.40 | DATE SIG | OMED | | |
| ZZD. SIGNATURE | Far | uk Oze | DEGREE PHYS. | L DIRE | | AFF Q | DATE SIG | 68 | 2 | |
| 22d. PHYSICIAN'S NAME (Type) | Frank | Ozer, M. D. | 22e. AD Prin | ce Geo. | Gen'l H | ospital. | Che | ever | 1y. | Md. |
| 23a. BURIAL, CREMATIO | | 23c. NAME OF CEA | METERY OR CREMATORY | | 23d. LOCATION (C | | (Caun | | (State | |
| REMOVAL IS TOUCH | Sept. 7 | ,1968 Washir | agton Nat | lonal | Suitle | nd Mar | cvla | nđ | | |
| 24. FUNERAL DIRECTOR | | ADDRESS | | 2So. REC'D BY | REGISTRAR | 25b. REGISTRAR'S | SIGNATU | JRE | | 0010 |
| W.W.CHAI | MREDCOR | Rugerdale | Md. | CATCED 1 | 1 0 1968 | Milia | MA | Vaca | Lat | |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1335

| 10036 | | CERTIFICATE OF DEATH | 1 | 3333 |
|--|--|---|---|---|
| | halk Veach Middle | CHALKS VEACH Benjamin | Sept. Month 9, Day 1 | .968° 6:10 A |
| 3. SEX | 4. RACE | S. DATE OF BIRTH | | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| Male | Caucasian | 10/15/10 | last birthday) YRS. | ONTHS DAYS HOURS MIN. |
| 7a. BIRTHPLACE (State or foreign country) | 76. CITIZEN OF WHAT COUNTRY? | WIDOWED Se POVORCED | Prince George's | Md |
| O. CITY OR TOWN OF DEATH Cheverly | give street oddress) | | L OCCUPATION (Kind of work dane st of working life even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY |
| odmission) STATE Maryland | osed lived, if institution: Residence before 13b. COUNTY Prince George's | New CArrollton No | ise. STREET AND NUMBER 6111 87th Ave | enue |
| 14. FATHER'S NAME First | Olliva | | NICKERSON | Lost |
| 160. WAS DECEASED EVER IN U.S. AF Yes, na, or unknown) (If yes give | | | Same | 1# 13 |
| PART I. DEATH WAS CAUS | DUE TO, OR AS R CONSEQUENCE (b) | og Csyphyan / Vi | arcies . | APPROXIMATE INTERVAL BETWEEN OWSET AND GEATH 2 Muchy |
| 1550 | ONDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE OR CO | PAREACMA— ONDITION GIVEN IN PART I(0) | |
| | CONDITION FOR WHICH OPERATION WAS | , | 20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH? | ISIDERED IN CERTIFYING |
| 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. Month Day Ye | 21c. HOW INJURY OCCURRED (Enter | noture of injury in Port 1 or Port 2, Ite | m 18.) |
| ≥ 21d. INJURY OCCURRED 21 While Not while of work | e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC. | FACTORY.) 21f. LOCATION Street ar R.F.D. No. | City or Town | County Stote |
| sow the deceosed | bis basital) oftended the deceded olive on Sept. 9, ve. (I) (a) (did) (did) view the | osed_from_ <i>CASG-10,</i> 19 <i>[a</i> _19_ 68 _, and that in (my) (****) opin ne body ofter death. | 8, to Sept. 9, 19/6 nion deoth occurred on the dote | , that (I) () lost e and hour and from the |
| 22b. SIGNATUTE | & Baunines | DEGREE ATTENDING M DI | ED. STAFF 22c. DA | TE SIGNED 68 |
| 22d. PHYSICIAN NAME (Typ) Geor | ge S. Banning M. | 22e. ADDRESS D. 3408 Rhode | Island Ave., Mt. | Rainier, Md. |
| 23o. BURIAL, CREMATION, 23b | DATE 23c. NAME C | OF CEMETERY OR CREMATORY | 23d. LOCATION (City or Town) | (County) (State) |

TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and campeted director, page 3 shauld be detached for use as the burial-transit permit. Then please remover ractionally be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event VR A15 41 30M REV. 168

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

Med in papers.

38 BEMOVAI (Specity) 9-12-24. FUNERAL DIRECTOR hambers

ADDRESS.

REC'D BY REGISTRAR EP 1 3 1968

25b. REGISTRAR'S SIGNATURE

Cliantes Judge

| 88881 | train an ara | | 13340 |
|--|--|---------------------|--|
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| 3. | \$1757/01 | Caucantan | |
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| | A PATAMENT | | Hal. |
| Contraction of | | all mark | La Vallación de la Companya de la Co |
| | A VENEZA PER | | |
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| | | . Rept.). | |
| | | | |
| tellord Ames, St. Salater, Md. | House Supt | g S. Bonder, V. D. | (cui) |
| | V. 14 (1) | | |
| The state of the s | 1,432 | 1284 Norwald Street | |

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120113354 CERTIFICATE OF DEATH

| | EASED-NAME | First | | Middle | 0 | Last | 2a. DATE | OF DEATH | | | 2b. HOUR |
|---------------|--|-----------------------|---------------------------|------------------------|-------------------|-------------------------|-------------------|----------------------|--------------|--------------|--------------------|
| (1) | pe or print) | SRAC | e f | 1 | (| IARK | | Month | 200y | 68 | 927 M |
| 3. SE) | | | 4. RACE | | | S. DATE OF BIRTH | | 6. AGE (In yes | ors If | UNDER I YEAR | IF UNDER 24 HRS. |
| | FEMAL. | - | 124 | 14= | 2.33 | 3-15-9 | 0 | last birthdoy | YRS. MOI | NTHS DAYS | HOURS MIN |
| 7o. B | RTHPLACE (Stote | or foreign | 7b. CITIZEN OF WHA | T COUNTRY? | 8 44400150 5 | | 9. COUNTY | | 183. [| | |
| count | TY) 7/1 | J | 7,50 | | WIDOWED | NEVER MARRIED DIVORCED | 0- | 0 | 202 | | |
| 10 CF | TY OR TOWN OF D | FATH | III NAI | ME OF HOSPITAL OR INS | | | | ON (Kind of work | | 126 KIND OF | Md. BUSINESS OR |
| 1 | | | give str | reet address) | | during | most of worki | ng life, even if ret | ired.) | INDUSTRY | DUSINESS OK |
| | CRESTULL | | sed lived, if institution | ENT NUZSIN | G. HOME | TOWN 13d, INSIDE CIT | | STREET AND NUM | | 60 | 7. |
| admis | sion) STATE | Wilete deceo | 13b. COUNTY PRINCE | | | Mes 🗆 | No 17 | 2011 | | 2 4 | 11-0 |
| 13 | THER'S NAME | NO- | | | District | AIS. | _ ~ | | 47218 | 160 81 | Kp |
| 14. 17 | - | First 1 | Middle | Lost | 15. | MOTHER'S MAIDEN NAM | E FIRST | mic | ddle | 30 | Last |
| 0 | AMISS | 74-5 50 DU US AD | MITCH | ELL. | 10 117 11 | C-/13 | ABETH | - | | VER | |
| | WAS DECEASED EV s, no, or unknown) | | war ar dates of service) | 16b. SOCIAL SECURITY N | | NFORMANT | | | lress | | |
| - | No | | | | | ARGARAT M | e Clasia | 7/1/ | yoh s | | MATE INTERVAL |
| | 18. CAUSE OF DE | ATH (Enter of | nly ane cause per line | for (a), (b), and (c). | R | . // | | | | BETWEEN O | NSET AND DEATH |
| | PAKI I. DEAI | H WAS CAUSE IMMEDI | IATE CAUSE (a) | laula | 10 M | enchop | nous | nome | _ | 24 | has. |
| | 410 | 9 | | CONSEQUENCE OF | 01 | 1 | 1 | .1 | 1 | , | 1- |
| | Canditians, if any rise to immediat | | | erebre | LL | osewian | Cla | cidan | | 6 | WKS. |
| | stoting the unde | | DUE TO, OR M | CONSEQUENCE OF | | | 1 | | | 1 | . 1- |
| | last. | | (4) | ORON | MRY | LARO | mb | 0515 | | 6 | UKS, |
| | PART 2. OTHER SI | GNIFICANT CO | NDITIONS CONTRIBUTI | NG TO DEATH BUT NO | OT RELATED TO | THE TERMINAL DISEASE O | RCONDITION G | IVEN IN PART 1(a) | | 3/11/13 | |
| 2 | 4201 | | | | | | | | | 1900 | |
| ATIC | 9a. DATE OF OPER | ATION 19b. | . CONDITION FOR WHIC | H OPERATION WAS PE | RFORMED | 20a. AUTOPSY? | | IF YES, WERE FINI | DINGS CONS | IDERED IN CI | ERTIFYING |
| CERTIFICATION | | | | | | YES NO | CAU | SES OF DEATH? | | | |
| | lo. ACCIDENT W | | | | 21c. HO | W INJURY OCCURRED (E | nter nature of in | njury in Part 1 ar | Part 2, Item | 18.) | |
| | or contributing If either, notify n | | | Manth Doy Year | | | | | | | |
| | 21d. INJURY OCCL | IRRED 21e | PLACE OF INITIRY / | | | CATION Street or R.F.D. | No. C | ity or Town | (| aunty | State |
| | While Nat what wark of wa | | 1 | OFFICE BUILDING, EIC. | | | | | | | |
| | | | ris hospital) atter | nded_the deceose | d from | MAR. 19 | 60 , ta | Sept. 30 | 2, 196 | 8, that | (I) (***) lost |
| | sow the | deceased o | live on | 30 1 | 9 68 , and | thot in (my) (our) | opinion deot | h octurred an | the date | ond hour | ond from the |
| | | ated abov | e (1) (we) (did) (| did not) view the l | body offer d | eoth. | | | T | | |
| | 22b. SIGNATURE | /1. | 601 | Van 1 | . A | ATTENDING 🔽 | MED. | STAFF | | E SIGNED | 10 |
| | 6 | 10 | 11 | teer M | DEGR | | DIRECTOR L | → PHYS. ⊢ | 7- | 30- | 68 |
| | 22d. PHYSICIAN'S NAME (Type) | 1111 | 2/450 | A 54 | LEED | 22e. ADDRESS | 11 . 3 | DIL SE | 1010 | -1/7 | 10 |
| | | MI | FMLR | 0.2/1 | LLK | 6400 MAR | | IKE WIL | WA | 31/2 6 | , C, |
| | BURIAL, CREMATIO REMOVAL (Specify) | | DATE | 23c. NAME OF | | n . | 23d. LOCA | TION (City or Tow | n) (| County) | (Stote) |
| 1 7 | SUIZIL | / | 0-3-68 | GLENGE | rood C | BINETERL | | SHINGTIN | | <u>C.</u> , | THE VIEW |
| 24. F | UNERAL DIRECTOR | lee | FURERAL | HO ADDRESS | | | D BY REGISTRAR | | Clean | NATURE | 1.0 |
| 2 | 300 47 | m/ St | · N.E. | WAShir | 19/00 | DC DATE 0 | CT 3 | 1968 / | maye | TA AM | |

VR A15 (4) 30M REV. 1/68

ATOM PARKET SCHOOL

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Living Consoral Department.

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MENKHEN DE CONTRACT SECT. P. BD KK

Norman D. Comeno, N. D. 3303 Perry St., Ht. Saining, Nd. 20822

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FOR STATE HEALTH DEPT. ond 3 ta

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death after and pages haurs within permit. any .⊆ 0 removal, pe Б 0 crematian, Health

1334 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First 2a. DATE KNOWN Month (Type or Print) OF ESTI-Cloud DEATH MATED X 9-19-68 Rena 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 1E UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD ast birthday) 1-15-190 Female White YRS. 7a. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? Oklahoma country) WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)
Prince George Hospital Cheverly 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN odmission) STATE Mary Land Prince George's Mt. Rainier YES 🔂 NO 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME Gardt H. Barber Mary Ella Coker 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) Mr. Roy S. 578-16-6708 Cloud Husband 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (g) Cerebral and sub-arachnoid hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town factory, office building, etc.) WHILE AT WORK AT WORK 220. 1 certify that I took charge of the remains described above, held on Autopsy ... Inspection X. deoth resulted from Naturat couses X Accident Suicide [Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER **FXAMINER'S** Riverdale, Md. ADDRESS(Street, city, town, or county) NAME (Type) John Kehoe MD 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREM 23b. DATE 23d. LOCATION (City or Town) REMOVAL (Specify

Prince George's 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life even if retired.) INDUSTRY 3206 Varnum Street Last (above address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES X NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) County State Inquiry ond in my opinion Undetermined monner 22b. DATE SIGNED 9-20-68 (County) (Stote) Ft. Lincon Cem. Colmar Manor 24. FUNERAL DIRECTORNalley's Funeral ADDRESS Mt. Rainie 1250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 VR A15ME (5) Maryland Home Inc.

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13344 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH Last death 24 hours ofter deoth in by the funeral (Type ar print) OONE 3. SEX 5 DATE OF BIRTH MONTHS Jan. 1894 14. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) Wash. 8. MARRIED NEVER MARRIED WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give_street oddress) during most of working life, even if retired.) INDUSTRY carbon Stationary Engineer 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 2600 Rochelle Ave. #1 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last Middle Last Owen Cooney Margaret Kelley 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) 578-05-0871 Republic Owen J Cooneu 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Canditions, if any, which gave) signed by the buriol-tronsit rise to immediate couse (a). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO F for use Health certificote 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from 9.7-1968, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive an Sept 6 retained causes stated abaye, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c_DATE SIGNED MED. DEGREE DIRECTOR 22d. PHYSICIAN'S NAME (Type) 6400 MAR director, should 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) 9-12-68 9t. Lincoln Cemetery Prince Georges. Maryland 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15 (4) DASEP Inc. 8434 Ga. Ave. S.S. Md. Ochanda 30M REV. 1/68

13344 TRRET WILLIAM E. CONEY SIGNAL PURCH WALE TO BE A TOWN TOWN . Catte as (wines) each to MARKET AND THE TOLLING GLO DICK HOLDER TO BE TO SEED FROM THE BEST TOLLING THE SEED OF THE ומאס בי הפלים: . die jaar olimee CCI japan Sineme 1 40-20-35 Villian Sin the state of the state of the said the said and the transfer to the at a beginning to the said Sept 6 68 27 - 1 Miller of the X and the Book and THE PER AT SHEEK AND ENGINEERING FRE WAS THE WAS THEN DO Printed C-13-P 2. Vicel Contem Printe Contes, van Land within 24 hours after deoth

nate of filled in by I

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditiently filled in by director, page 3 should be detached for use as the buriol-transit permit. Then please emove carbon papers. Perhandly be filed with the State Dept. of Health prior to buriol, crematian, or removal, and in any event, within 72 hours.

VR A15 [4] 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certifical

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120113358 CERTIFICATE OF DEATH

| 1. DECEASED-NAME | First | Middle | 100 | Last | 20. | DATE OF DEATH | | | 2b. HOUR |
|--|--|---|-----------------|-----------------------|--------------|---------------------|----------------|-----------------|----------------------------------|
| (Type ar print) | Irma | G. | Cove | rston | | Sept. Mont | 13, Day | 1968eor | 3:15A |
| 3. SEX | 4. RACE | | 5 | . DATE OF BIRTH | | 6. AGE (| In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| Female | Caucas | ian | 1 | eb. 28, 1 | 921 | last bit | thday) YRS. | MONTHS DAYS | HOURS MIN. |
| 7a. BIRTHPLACE (State ar farei | gn 7b. CITIZEN OF WI | HAT COUNTRY? | | NEVER MARRIED | | UNTY OF DEATH | | | |
| Nebraska | U.S. | | WIDOWED | | Pr | ince Geo | rge's | | м |
| 10. CITY OR TOWN OF DEATH | 11. N | AME OF HOSPITAL OR INST | ITUTION (If nat | in haspital 12a. | USUAL OCC | UPATION (Kind of | wark dane | 1 KINA OF | BUATNESS QR |
| Cheverly | Pr | street address) ince Geo.G | en'1 Ho | spital durin | "MAYAT | working life, even | if retired.) | A Security | N. |
| 13a. USUAL RESIDENCE (Where | deceased lived, if institut | ian: Residence befare | 13c. CITY OR T | OWN 13d. INSIDE | CITY LIMITS? | 13e. STREET AND | NUMBER | | |
| ndmission) STATE Maryland | Prince | George's | Hyatts | ville YES | NO . | 4832 69 | th Pla | ce | |
| 14. FATHER'S NAME First | Middle | Last | 15. | MOTHER'S MAIDEN NAI | ME First | | Middle | | Last |
| Johr | | Geisle | | | Anna | | | K | och |
| 16a. WAS DECEASED EVER IN U Yesmoar unknown) | .S. ARMED FORCES? yes give war or dates of service) | 16b. SOCIAL SECURITY NO. 508 22 412 | | ormant arence A. | . Cov | rerston | Same | as # 1: | 3 |
| 1B. CAUSE OF DEATH (E. | nter anly ane cause per li | ne far (a), (b), and (c),) | | | | | | | MATE INTERVAL DISET AND DEATH |
| PART 1 DEATH WAS | CAUSED BY: MMEDIATE CAUSE (a) | | ral Hem | orrhage . | macci | ve - rich | ht eid | | NUCL AND DEATH |
| 431.9 | | AS A CONSEQUENCE OF | AL ME | orrinage, 1 | MASSI | - IIg | at Stu | | |
| Canditians, if any, which | gave) (b) | Right Pulmo | nary F | mholism | | | | | |
| rise to immediate caus stating the underlying | 0 (0). | AS A CONSEQUENCE OF | mary - | IIIOO I I BIII I | 1.0 | | | | |
| last. | (c) | | | | | | | | |
| PART 2. OTHER SIGNIFICA | NT CONDITIONS CONTRIBU | TING TO DEATH BUT NO | T RELATED TO | THE TERMINAL DISEASE | ORCONDITI | ON GIVEN IN PART | 1(a) | | |
| = 33/X | | | | | | | | | |
| 19a. DATE OF OPERATION 21a. ACCIDENT WAS UND | 19b. CONDITION FOR WH | ICH OPERATION WAS PER | FORMED | 20a. AUTOPSY? | | 20b. IF YES, WER | | ONSIDERED IN C | ERTIFYING |
| SIE SIE | | | | YES XX NO | 0 🗆 | CAUSES OF DEAT | Yes | | |
| | | | 21c. HOV | / INJURY OCCURRED (| (Enter natur | e of injury in Part | | Item 1B.) | |
| OR CONTRIBUTING CAUSE | | Manth Day Year | 3 1201 | | | | | | |
| While Nat while | 21e. PLACE OF INJURY | AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC. | 21f. LOC | ATION Street ar R.F.D |). Na. | City or Town | | County | State |
| at wark at wark | I) (this hospited) atte | anded the decodes | d from 20 | + 5 1 | 1068 | to Sent | 13 10 | 68 that | /I) Aras) la |
| saw the decea | sed alive an Seabave, (I) (xx) (did) | nt 13 | 68, ond | that in (my) (our) | apinian | death occurred | on the da | te and hour | and fram th |
| causes stated | abave, (I) (xxx) (did) | dickness view the b | ody after de | ath. | | | | | |
| 22b. SIGNATURE | John | R Lle | DEGREE | ATTENDING PHYS. | X MED. | R STAFF | 22c. [| DATE SIGNED | 3, 1968 |
| 22d. PHYSICIAN'S | | CALL THE STATE OF | 1 | 22e. ADDRESS | | | | | ') |
| NAME (Type) | John R. Li | lly, M. D. | 1 | 4410 74tl | h Ave | ., Bellm | ead, M | aryland | 20784 |
| 23a. BURIAL, CREMATION, | 23b. DATE | 23c. NAME OF C | | | 1 | LOCATION (City or | , | (County) | (State) |
| Burial (Specify) | 9/16/68 | | Lincol | | | Colmar | | | Md. |
| 24. FUNERAL DIRECTOR | | ADDRESS | | | C'D BY REGI | STRAR 2Sb. | REGISTRAR'S | | |
| Francis Gas | ch's Sons | Hyattsville | e, Md. | DATE | DEL T | 8 1968 | fula | was Ju | ege. |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120113359 CERTIFICATE OF DEATH

| | | | | CLKIIII | CAIL OI | DLAIN | | | | | |
|---|---|---|---|-------------------|---|---------------------|------------------|-----------------------------------|--------------|-----------|-----------------------------------|
| . DECEASED-NAME (Type ar print) | First | | Middle | LIVE | Last | | 2a. DATE OF | DEATH Month | Day | V | 2b. HOUR |
| (Type or print) | David | Joh | n | Coyne | | bet in | Sept | | Day 19 | 68 | 10:00 |
| . SEX | | 4. RACE | F3/1-7 | | S. DATE OF | BIRTH | CHO CO | 6. AGE (In years last birthday) | IF UNDI | ER I YEAR | IF UNDER 24 HRS. HOURS MIN. |
| Male | | Cau | | | 19 | Oct 46 | | 21 | YRS. MONTHS | DATS | MIN. |
| a. BIRTHPLACE (State o | r fareign 7 | b. CITIZEN OF WHA | AT COUNTRY? | 8. MARRIED | NEVER M. | | 9. COUNTY OF | DEATH | | | 100 |
| Mass | 11-18 | USA | | WIDOWED | | | Princ | e Georg | es C | oun | tv Md |
| O. CITY OR TOWN OF D | EATH | | ME OF HOSPITAL O | R INSTITUTION (If | not in hospitol | 12o. USUA | L OCCUPATION | (Kind of work do | ne 12b | . KIND OF | 8USINESS OR |
| Andrews A | AFB | Ma give sti | reet address) | Grow U | SAF H | OSD AI | r For | life, even if retire | d.) | JUSTRY | A-F |
| 3a. USUAL RESIDENCE (| Where deceosed | lived, if institution | n: Residence bef | ore 13c. CITY O | R TOWN | 13d. INSIDE CITY LI | MITS? 13e. ST | REET AND NUMBER | | | |
| Mainissidil) STATE Ma | ass | 13b. COUNTY | ristol | Att1 | eboro | YES X NO | 14 | Prospec | t St | ree | t |
| 14. FATHER'S NAME | First | Middle | La | st | IS. MOTHER'S | MAIDEN NAME F | | Middle | | | Lost |
| Lec | onard | | Co | yne | | Elea | nore | | | Rob | bins |
| 160. WAS DECEASED EVE Yes, no, or unknown) | R IN U.S. ARMED | r dates of carries | 16b. SOCIAL SECUR | | INFORMANT | | Base | Casuadet | | | |
| ves | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 034-34 | -6712 | Sgt W | right | Andre | ws AFB, | D.C | | |
| 18. CAUSE OF DE | | | far (a), (b), and | l (c).) | | | 901 | 23.000 | | | IMATE INTERVAL ONSET AND DEATH |
| PART I. DEATI | H WAS CAUSED B IMMEDIATE | SY: CAUSE (a) | | Att. Sec. | | | | | | | |
| 2050 | | DUE TO, OR AS | A CONSEQUENCE | OF | | | | | | | 0 |
| Conditions, if ony, rise to immediate | which gave) | (b) P | sendo | mona | 0 | contre | enia | | 1 | 1/2 | worth |
| stoting the under | | | A CONSEQUENCE | | | | | | | ^ | 1 |
| last. 2043 |) | (c) (| eukew | ing It | cuto | Myslo | zeun | | | An | outh: |
| PART 2. OTHER SIG | SNIFICANT CONDI | TIONS CONTRIBUTI | ING TO DEATH BU | T NOT RELATED | TO THE TERMI | IAL DISEASE ORC | ONDITION GIVE | N IN PART 1(o) | | | |
| 3 thom | | Demo | | autore | ~~~ | | | | | | |
| 19a. DATE OF OPERA | TION 1/9b. CO | NDITION FOR WHIC | CH OPERATION WA | S PERFORMEN | 20a. AU | | | F YES, WERE FINDIN S OF DEATH? | GS CONSIDE | RED IN C | ERTIFYING |
| HI HI | | | | | YES | A | | | 7.72 | | |
| | | 21b. TIME OF HOUR A.M. | INJURY Month Day | | HOW INJURY C | CCURRED (Enter | r nature of inju | ry in Part 1 ar Par | t 2, Item 18 | 8.) | |
| (If either, notify m | nedical examiner |) P.M. | · | 19 | | | | | | | |
| ZIG. INJUKT UCCU | RRED 21e. PL | ACE OF INJURY (| AT HOME, FARM, STREE OFFICE BUILDING, ETC. | T, FACTORY,) 21f. | LOCATION St | eet or R.F.D. Na. | City | ar Town | Cour | nty | State |
| While Not what wark at wor | | | | | 100 | | 100 | | | | |
| 22o. I certify | that XI) (this | haspital) atter | nded the dece | eosed fram | 28 Oct | 67, 16 | 7, to <u>10</u> | Sept. | 19 <u>68</u> | _, tha | t N) (we) las |
| saw the c | deceased ally | e on | Sep Wat view | he bady after | na tnot in (; deoth. | Ma (our) obi | nion death | accurred on the | e date an | d hour | and from the |
| 22b. SIGNATURE | , (| (,,,,(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 7,11011 | | 111111111111111111111111111111111111111 | | 24-1 | | 22c. DATE SI | | |
| JOHN F | . LIND | EMAN. | CAPT US | SAF MO | GREE PHYS. | DING D | NED. | STAFF PHYS. | 10 S | ep | 68 |
| 22d. PHYSICIAN'S | 1 4 - | | | | | DDRESS | | | | - | |
| NAME (Type) | xuu o | - In | iden | · · | · Mal | colm G | Grow U | SAF Hos | pita | 1 | |
| 236. BURIAL CREMA IO | N, 23b. DA | | 23c. NAME | OF CEMETERY O | | | | ON (City or Town) | | unty) | (State) |
| SEMOVAL (Specify) | 9-1 | 14-68 | | -4-91 | | | atte | toro | mi | 11 | |
| 24. FUNERAL DIRECTOR | 1 | 1 | ADDI | RESS | , ,, | 2Sa. REC'D B | Y REGISTRAR | 2Sb. REGISTR | | | |
| nil nol | Pha. | hen / | 517- | -11-12 | 1- 0.8 | DATE SEE | 1 8 1 | 968 100 | world | 7 100 | dar. |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. VR A15 (4) 30M REV. 1/68

be executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Page 4 may be retained by the hospital or ottending physician.

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| ORECTAL ENGINEERING | | | ** |
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21213360

CERTIFICATE OF DEATH

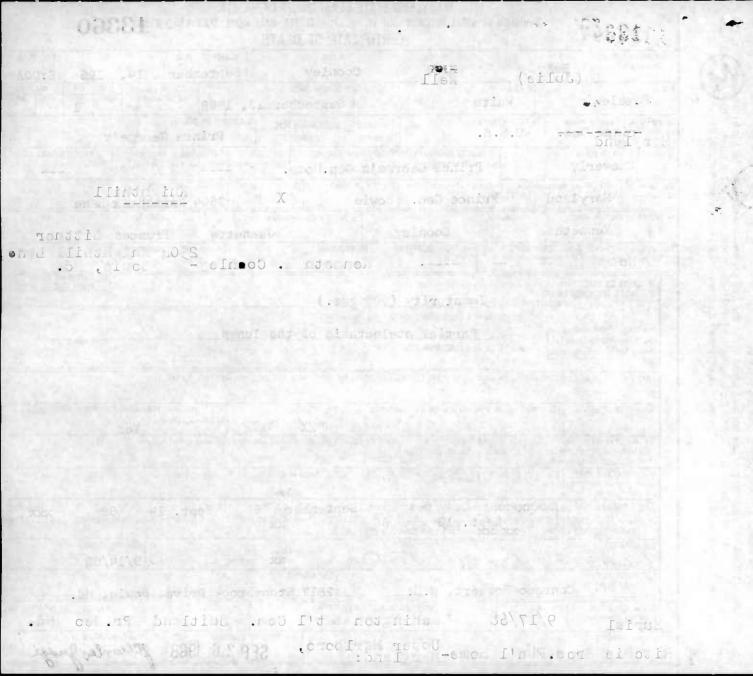
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|---------------|---|-----------------------|-------------------|---|-------------------|-----------------|------------------|------------------|--------------|--------------|----------|---------|-------------|------------|---------|
| | DECEASED-NAME | First | | Middle | | Lost | | | DATE OF DEA | | | | | 2b. | HOUR |
| 1 | Type or print) | Baby | | 2 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | (| conley | 7 | Se | ptemb | Month | 14, | 10 | Yeor 968 | 8:0 | OOA |
| 3. S | EX | 4. R | ACE | Wett | | S. DATE OF | BIRTH | | 6. | AGE (In ye | ors | IF UNDE | R 1 YEAR | IF UNDER | |
| | Female | 1.0 | White | | | Septe | mber 1 | 13. 1 | 968 | ost birthdo | y) YRS. | MONTHS | DAYS 1 | HOURS | MIN. |
| 70. | BIRTHPLACE (Stote or forei | gn 7b. (11 | TIZEN OF WHA | AT COUNTRY? | 8. MADDIED | NEVER MA | | - | NTY OF DE | ATH | 110. 1 | | | | |
| COU | laryland | 07 [| J.S.A. | | WIDOWED | | RCED | | Princ | | orge | 1s | | | |
| 10. | CITY OR TOWN OF DEATH | | 11. NA | ME OF HOSPITAL OR IN: | | _ | | UAL OCCU | PATION (Ki | | | | KIND OF | RUSINES | S OP |
| | Cheverly | | give | Tince Geo | rge's | Gen.Ho | | | | | | | USTRY | | JOK |
| 130. | . USUAL RESIDENCE (Where | deceosed lived | d, if institution | on: Residence before | 13c. CITY OF | TOWN | 13d. INSIDE CITY | LIMITS? | 13e. STREET | TAND NUM | BER h | 137 | | | |
| odn | nission) STATEMary 1 | and 130 | COUPri | nce Geo. | Bowie | | YES N | NO 🗌 | 2504 | Name I | 11000 | c L | ane | | |
| 14. | FATHER'S NAME First | | Middle | Lost | 1: | . MOTHER'S | NAIDEN NAME | First | | | iddle | | | Lost | |
| | Kenne | th | | Coonle | у | | Je | anet | te | Fra | ances | 3 5 | itt | ner | |
| 160 | . WAS DECEASED EVER IN U | | | 16b. SOCIAL SECURITY I | NO. 17. | NFORMANT | | | | 504 Ad | | | | | |
| | Yes, no, Nyoknown) (If | yes give war or date: | s at service) | | Ke | nneth | E. C | omn | ley- | 704 | Bow | e. | Md | | Jedit |
| | 18. CAUSE OF DEATH (E | nter only one | rouse per line | e for (a) (b) and (c) | | | | | | | | | APPROXIA | MATE INTER | VAL |
| | DADT I DEATH WAS | CALICED DV | | | | \ | | | | | | | BETWEEN O | NSET AND E | DEATH |
| | 7710 | | | mmaturity | (900 | giis.) | | | | | | + | | | |
| | Conditions if any which | | | S A CONSEQUENCE OF | | | 1000 | | | | | | | | |
| | Conditions, if ony, which rise to immediate cous | | (b) | Partial at | telect | asis o | f the | lung | S | | | | | | |
| | stoting the underlying | | UE TO, OR AS | S A CONSEQUENCE OF | | | | | | | | 15 | | | |
| | lost. | | (c) | | | | | | | 17.6 | | | | | |
| | PART 2. OTHER SIGNIFICA | NT CONDITION | S CONTRIBUT | ING TO DEATH BUT N | OT RELATED T | THE TERMIN | AL DISEASE OR | CONDITIO | N GIVEN IN | PART 1(o) | | | | | |
| 2 | 7625 | | | | | | | | | | | | | | |
| ATIO | 190. DATE OF OPERATION | 19b. CONDITI | ON FOR WHI | CH OPERATION WAS PE | RFORMED | 20o. AUT | OPSY? | | 20b. IF YES | | DINGS CO | NSIDER | ED IN CE | ERTIFYING | G |
| CERTIFICATION | | | | | | YES X | X NO [| | CAUSES OF | DEATH? | Yes | | | | |
| ER | 210. ACCIDENT WAS UND | DERLYING 2 | 1b. TIME OF | INJURY | 21c. H | | CURRED (Ent | ter noture | of injury in | Port 1 or | | | .) | | |
| MEDICAL | OR CONTRIBUTING CAUS | | HOUR A.M. | Month Doy Year | | | , | | | | | | | | |
| MED | (If either, notify medical 21d. INJURY OCCURRED | | P.M. | AT HOME, FARM, STREET, FAC | | CATION Str | eet or R.F.D. N | lo | City or | Tourn | | Coun | hu | (| Stote |
| | While Not while of work | ZIG. I LACL | 1 110011 (| OFFICE BUILDING, ETC. | 7 211. 1 | ALION 3III | TEL OF K.T.D. IN | 10. | City of | IOWII | | COUIT | ly | | noie |
| | of work of work | //\ /abib | -31 IV 11 | 1 1 4 1 | 1.6 | | 1210 | | A | | 10 | _ | | (1) (| N 1 |
| | 22a. I certify that I | (I) KOKSKOKOK | pomox arre | nded the decease | ed fram_ | eptem | ber 14 | 68 | 10 Sep | t. 14 | the dat | 68 | , that | (I) (W | (e) las |
| | 22a. I certify that saw the decea couses stated | obove, (I) | wex dock | did nat) view the | bady after | death. | in Y (ANY of | pilliuli u | eum occi | urea an | ine dai | e uno | ו וטטוו נ | una ne | חו וווכ |
| | 22b_SIGNATURE | - | 1 - | / | | | | | | | 1 | ATE SIC | | | |
| | Pa1130 | 2/1 | Kac | Thect | M. DeGI | ATTEND PHYS. | ING kx | MED. DIRECTOR | □ S | TAFF HYS. | 9/1 | 4/6 | 8 | | |
| | 22d. PHYSICIAN'S | 77 1 | 0 | / | 1 14 | 22e. AD | | DIRECTOR | | 1113. | 10,1 | 1,0 | 0 | | |
| | NAME (Type) | Conrado | Boghe | ert, M.D. | | 281 | 7 Stony | whan | ok Dn | | Davis | | M.a | | |
| 220 | . BURIAL, CREMATION, | | | 23c. NAME OF | CEMETERY OF | | - 111011 | | LOCATION (| | | (Cour | tvi v | (Stote | 0) |
| 230 | REMOVAL (Specify) | 23b. DATE 9/17 | 168 | Washi | | | 7 Cem | | Suit. | | | · G | | Md | |
| 0.4 | | 1/21 | / 00 | | - | | | | | 25b. REG | | | | ria | |
| | FUNERAL DIRECTOR | | 13 77 | Tabbe | r Mar | lboro | 2So. REC'D | | | | | | | | |
| K | itchie Bro | s.Fun | I.T HO | ome-Marv | land: | | DATE 3 | EP 2 | 0 13 | 68 | gelie | 20 | X | 4 | 6 |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car, later filled in by tadirector, page 3 shauld be detached far use as the burial-transit permit. Then please remove tarbon papers. Pag shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe Page 4 may be retained by the haspital ar attending physician.

24 hours after death

filled in by the

VR A15 (30M REV. 1



13348

Anthin 24 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expe

Page 4 may be retained by the haspital ar attending physician.

Hely filled in by the function papers. Pages 1 ar

3

MARYLAND STATE DEPARTMENT OF HEALTH

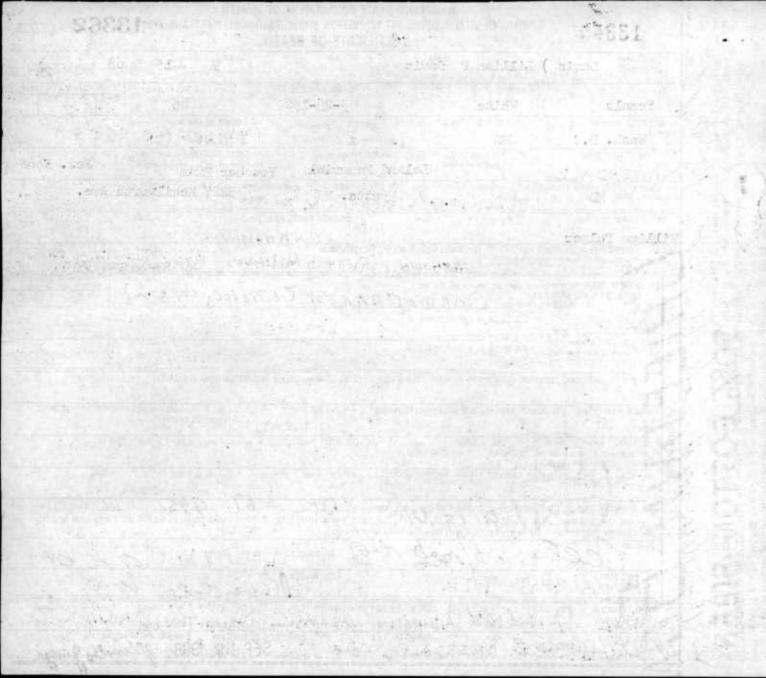
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13361

| | | | CERTIFICATE | OI DEATH | | | |
|---------------|---|---|---|-------------------------------|--|--------------------------|-------------------------------|
| (1 | CEASED-NAME First type or print) Data An Dav | | De los | RRIN | 20. DATE OF DEATH Month of Do | y 68 Yeor | 2b. HOUR 935 M |
| 3. SE | Male | 4. RACE White | S. DATE | OF BIRTH | 6. AGE (In yeors lost birthdoy) VRS. | MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. |
| cour | <u>''</u> | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVI | DIVORCED | Prince Geor | ges Co | . Md Md. |
| C | inton, Md. | give street oddress) | or INSTITUTION (If not in hos | during most | OCCUPATION (Kind of work done of working life, even if retired.) | 12b. KIND OF INDUSTRY | BUSINESS OR |
| odmi | ssion) STATE D.C. | sed lived, if institution: Residence b | wash. | 13d. INSIDE CITY LIMIT YES NO | P.O. BOX no | 2732 | |
| 14. F | ATHER'S NAME First | Middle I | Lost IS. MOTHI | ER'S MAIDEN NAME First | Middle | | lost |
| | WAS DECEASED EVER IN U.S. AR/ es, no, or unknown) (If yes give to | MED FORCES? war or dotes of service) | URITY NO. 17. INFORMA | NT | Address | | |
| | PART I. DEATH WAS CAUSE | ATE CAUSE (o) DUE TO, OR AS A CONSEQUEN (b) | techura CE OF drahu | os, and | audout 3 | 36 a 3 6 a | herrs Lens |
| ATION | 5705-17 | NDITIONS CONTRIBUTING TO DEATH CONDITION FOR WHICH OPERATION V | Esdren | | (DITION GIVEN IN PART 1(o) | CONSIDERED IN CE | ERTIFYING |
| CERTIFICATION | 21o. ACCIDENT WAS UNDERLYI | NG 21b. TIME OF INJURY | | ES NO D | CAUSES OF DEATH? | Itom 19 \ | |
| MEDICAL (| OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. Month Doy iner) P.M. | Yeor 19 | | | | |
| M | of work of work | . PLACE OF INJURY (AT HOME, FARM, ST OFFICE BUILDING, E | | Street or R.F.D. No. | City or Town | County | Stote |
| | saw the deceased of causes stated obov | nis haspital) attended the de alive on e, (I) (we) (did) (did nat) viev | 19, ond that | , 19 in (my) (our) opini | , to, 19 on deoth occurred on the d | ote ond hour | (I) (we) last ond from the |
| 0 | 225. SIGNATURE | werk 6 | DEGREE PI | | | DATE SIGNED | S |
| - 1 | 22d. PHYSICIAN'S NAME (Type) | | 22 | e. ADDRESS | | | |
| | REMOVAL (Specify) | Ana | we of cemetery or cremat atomy Board | | 23d. LOCATION (City or Town) | (County) | (State) |
| 24. | FUNERAL DIRECTOR | C 100 che | DRESS & N. W | | | S SIGNATURE | CAR |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 shauld be detached far use as the burial-transit permit. Then please removes hauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any events to the state Dept. VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3362 13349 CERTIFICATE OF DEATH DECEASED-NAME Davis Lillian P Middle Davis 20. DATE OF DEATH 2b. HOUR the funeral ages 1 and 2 rs after death. Dov68 Monal 5 (Type or print) PMO 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) HOURS 5-28-1922 Female White YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Wash. D.C TEORGES USA DIVORCED [WIDOWED TO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Leland Memorial INDUSTREd. Hous TIVERDALE carbo 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 522 TREKANDIYWEET Ave. odmission) STATE MI CF (SEORGE the attending physician and can sit permit. Then please remov and in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Lost Lost requires that the death certificate be NKNOWN William Palmer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 17. INFORMANT 3257 Ducenstown Dring MT. RAINIER, MD. (If yes give war or dates of service) Yes, no, or unknown) RICHARD M. DAVIS DAKNOWN APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ARDIAC ARREST CETIOLOGY UNLAGUA) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) an. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove signed by the burial-transit p remat rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been be detached far use as the State Dept. of Health prior to 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO [YES [r this certificate had detached far use 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deseased fram.... saw the deceased alive on 6-15-6819 , and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. director, page 3 should be filed v DIRECTOR PHYS. 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) A 23d. LOCATION (City of Town) 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) ARLINGTON NATIONAL ARLINGTON, VIRGINIA 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

VR A15 (4) 30M REV. 1/68



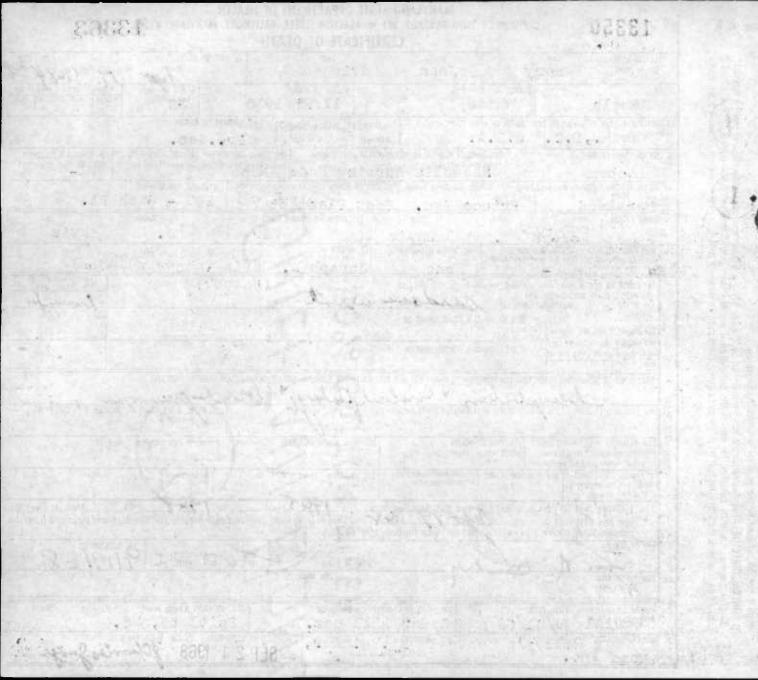
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2129 3363

| 1 | ECEASED-NAME Type ar print) | First Mar | V | Middle Jean | Da | lost Vis | 2a. DATE OF | 43 44 - | Y 10 Year 14 | 2b. H | OUR OF |
|-----------------------|--|--|--|---|--|---|--|--|-----------------------------|-------------|--------|
| 3. SI | Female | | 4. RACE Whit | 9 | | S. DATE OF BIRTH 11/27/193 | 35 | 6. AGE (In years lost birthdoy) | IF ONDER 1 YEAR MONTHS DAYS | IF UNDER 2 | 4 HRS. |
| 7a. | BIRTHPLACE (Stote or formatry) Wash., I | eign 7b | U.S.A | AT COUNTRY? | B. MARRIED WIDOWED | NEVER MARRIED | 9. COUNTY OF | DEATH 1K3. | | | Md |
| | CITY OR TOWN OF DEATH Lanham | | give st | | | TT_ during # | DAL OCCUPATION nost of working ONE | (Kind of work dane life, even if retired.) | 12b. KIND OF INDUSTRY | BUSINESS (| OR |
| 13o. adm | USUAL RESIDENCE (Wher ission) STATE Maryland | e deceosed | lived, if institution 13b, COUNTY | | Seat | 700 | | REET AND NUMBER | h Pl. | | |
| 14. | FATHER'S NAME Firs | seph | Middle W • | lost Davi | | is. Mother's maiden name ${\mathbb M}$ a: | | Middle J. | Dav | last 1.5 | |
| Y | . WAS DECEASED EVER IN | U.S. ARMED | | None | | oseph W. D | avis (a | Address above add | dress) | | |
| | PART I. DEATH WA Canditions, if any, whin rise to immediate cou- stating the underlying last. | th gove | DUE TO, OR AS | S A CONSEQUENCE OF | - a | werk. | | | In | endo | , |
| ATION | | CANT CONDIT | atelon | ING TO DEATH BUT N | bul | TO THE TERMINAL DISEASE OF | 20b. IF | AS, WERE FINDINGS | | ERTIFYING | |
| MEDICAL CERTIFICATION | PART 2. OTHER SIGNIFICATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UN OR CONTRIBUTING CAL (If either, natify medico 21d. INJURY OCCURRED While Not while at work 22a. I certify that sow the dece | CANT CONDITION IDERLYING USE OF DEATH IDERLYING 2 Le. PLU (I) (this aged alive | NDITION FOR WHITE AMERICAN AMERICAN (MACE OF INJURY (Mace of I | ING TO DEATH BUT N CHOPERATION WAS PE INJURY Month Doy Yeor 14 AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC. | RFORMED 21c. 9 CTORY.) 21f. ed from_ | HOW INJURY OCCURRED (Ent. LOCATION Street or R.F.D. No. Location (my) (our) out | 20b. IF CAUSE er noture af inju | es, WERE FINDINGS OF DEATH? ry in Part 1 ar Port 2, ar Town | CONSIDERED IN C | Sto | |

filled in partia funeral in papers. Tages I and 2 within 24 hours after death carbon papers. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and to director, page 3 shauld be detached far use as the burial-transit permit. Then please remashauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any

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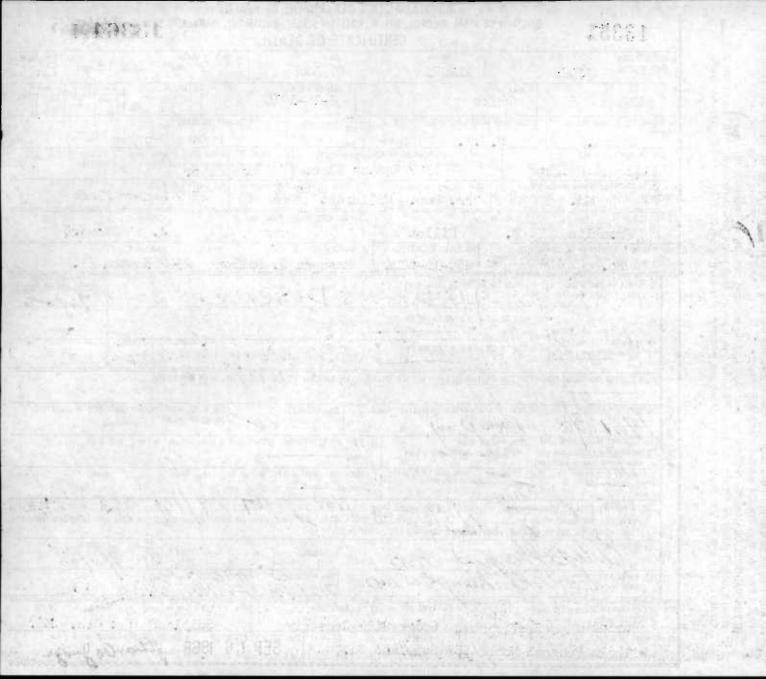
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND CERTIFICATE OF DEATH

| | ECEASED-NAME | First | | Middle | | Last | | 2o. DATE | OF DEATH | 7.0 | 10 | 2b. HOUR TO |
|---------------|---|-----------------------|---------------------------------------|--|-----------------------|------------------------------|-------------------------|----------------------------------|--------------------------------------|---------------------------|-----------------------------|-----------------------------|
| (1 | (ype ar print) | JOHN | | ALBERT | | DILLON | I | | 9 Month | T/09A | 68 year | 1.1:15 M |
| 3. SE | Male | | 4. RACE Whi | te | | S. DATE OF BIRT | | | 6. AGE (Ir lost birt) | | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. |
| 7o. I | BIRTHPLACE (Stote or nerv) Penna. | | | WHAT COUNTRY? | 8. MARRIED WIDOWED | NEVER MARRI | | county P | of DEATH | George | s | Md |
| | ity or town of DE Hillcrest | | ts giv | NAME OF HOSPITAL OR INS re street oddress 307 | | not in haspital | 12a. USUAL during mo | occupati st of worki arper | ON (Kind of ving life, even in the r | vork done f retired.) | 12b. KIND OI INDUSTRY | F BUSINESS DR |
| | CTATE | Vhere decease Md• | d lived, if instit 13b. COUNTY | Pr. Geo. | | crest | yes 2 NO | | STREET AND N 2307 I | | Place | |
| 14. F | ather's name Frank | First Lin | Middle P. | Lost Dillon | | IS. MOTHER'S MAIL | DEN NAME Fir Emma | rst | | Middle | Stewar | Last |
| | WAS DECEASED EVER es, no, ar unknown) | | ED FORCES? or or dates of service) | 209-10-01 | | INFORMANT Rosanna | C. Di | illon | 2307 | Address 7 K ent | on Pl. | |
| | 18. CAUSE OF DEA' PART I. DEATH Canditions, if any, rise to immediate stating the underly | which gove cause (o), | BY: TE CAUSE (a) DUE TO, OF | line far (a), (b), and (c). | cin | s Di | Sea | rse | / | | APPROX BETWEEN | CANS |
| - | last. 201 X |) | (c) | BUTING TO DEATH BUT NO | T RELATED | TO THE TERMINAL I | DISEASE OR CO | ONDITION G | IVEN IN PART | 1(0) | | |
| CERTIFICATION | 19612 | 768 | Bi | WHICH OPERATION WAS PER | | 20a. AUTOPS | NO D | CAU | ISES OF DEATH | ? | ONSIDERED IN (| CERTIFYING |
| MEDICAL CE | 21a. ACCIDENT WAS OR CONTRIBUTING [(If either, natify me | cause of BEATI | HOUR A A | A. 19 | - | HOW INJURY OCCU | | nature af i | njury in Part 1 | ar Port 2, 1 | Item 18.) | |
| M | 21d. INJURY OCCUR While Not while at work at wark | ٠ ا | dias. | AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. | - | | or R.F.D. Na. | (| City or Town | | County | State |
| | saw the d | aranead al | ive on | ttended the decease ——1 d) (diamet) view the l | 9 6597 01 | nd that in (pay) r deoth. | | p_, to_ nion deot | h occurred | an the da | 65, tha te and havr | and fram the |
| | 22b. SIGNATULE | less | Homp | and my | O DEC | GREE ATTENDING PHYS. | LJ DII | ED. RECTOR | STAFF PHYS. | 220.1 | DATE SIGNED | 8 |
| | 22d. PHYSICIAN'S NAME (Type | Earle | 18.7 | hompson | mo | 22e. ADDRI | Pa. | Av. | NW, I | Nasi | h. D. | C |
| 230. | BURIAL, CREMATION, REMOVAL (Specify) Burial | |)-13-68 | | | R CREMATORY L Cemeter | сy | | ATION (City or Suitlar | nd Pr | (Caunty) | (State) Md. |
| 24. | FUNERAL DIRECTOR | Funcy | al Home | ADDRESS | and F | | SEP | REGISTRAF | 1968 ^{2Sb.} | REGISTRAR'S | SIGNATURE | 400 |

ges 1 and 2 after death. within 24 haurs after death he funeral completely filled. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physican end completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon page should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within a second contents. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. V 88



FOR STATE HEALTH DEPT.

2 and 3 to PM3. Page tof 18. Give Pages necessory, please execute the certificate, writing the word pending in pencil if the funeral director. Page 4 should be forwarded to the Chief Medical Examine a

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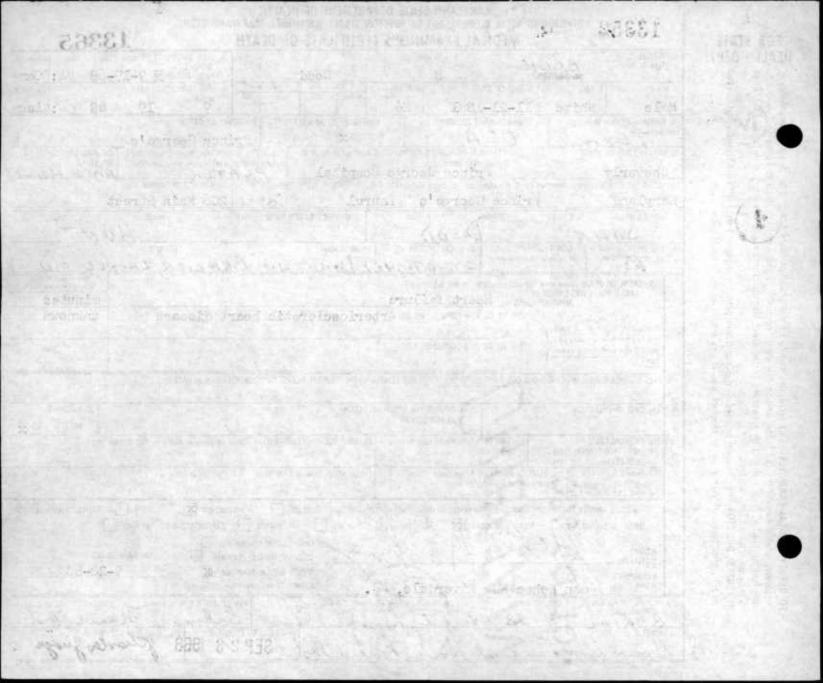
DICAL EXAMINER: This certificate should be executed within 24,

TO DEPUTY

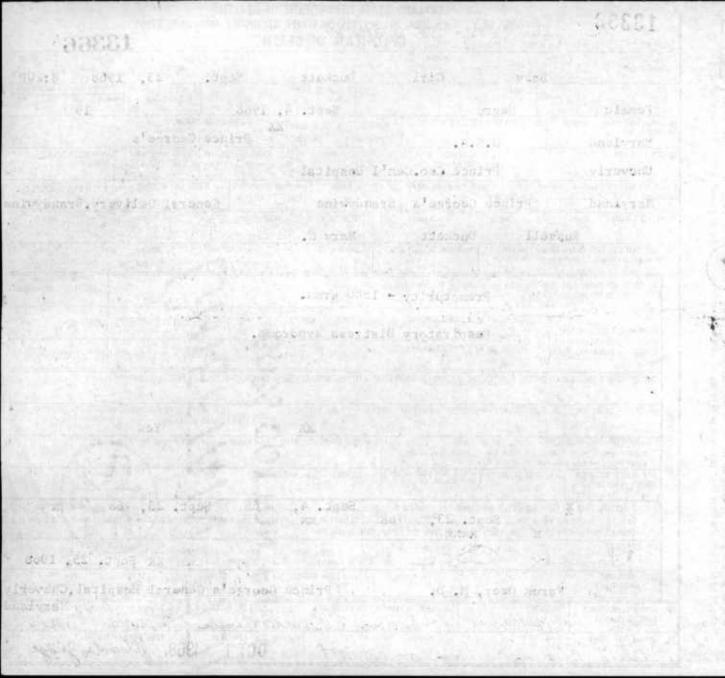
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13352 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 1. DECEASED-NAME (Type or Print) S Dodd 3. SEX 4. RACE S. DATE OF BIRTH Male White 11-21-1881 70. BIRTHPLACE (State or foreign country) EXAS USA Widdle S. DATE OF BIRTH Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU DEATH MATED S 9-19-68 194: OCan Month Doy Year 2b. HOU Month Doy YEAR No USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN MONTHS OATS HOURS MIN. DOY OF ESTI- DEATH MATED S 9-19-68 194: OCan To DEATH MATED S 9-19-68 194: OCan Month Doy YEAR No USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN MONTHS OATS HOURS MIN. DOY OF ESTI- DEATH MATED S 9-19-68 194: OCAN Prince George's INDUSTRY NO USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN MONTHS OATS HOURS INDUSTRY NAME OF HONDING MIN. Prince George's Industry Hous Industry House |
|--|
| S Dodd 3. SEX 4. RACE S. DATE OF BIRTH Male White 11-21-1881 70. BIRTHPLACE (State or foreign of the country) MONTHS OAYS HOURS MAIN. MONTHS OAYS HOURS MIN. MONTH TOY 68° 19 6:44an 10. CITY OR TOWN OF DEATH COUNTY OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired.) Prince George Hospital 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Male STREET AND NUMBER 13b. COUNTY OF DEATH 11D. STREET AND NUMBER 206 Main Street 14. FATHER'S NAME First Middle Last Middle Last Middle Last MIDDER 1 YES NO 120. DEATH MATED \$\frac{1}{2}\$ 9-19-68 194: Ocan 2d. HOWATHS OAYS MIN. 15 MOTHER'S MAIDEN NAME First Middle Last MIDDER 1 YES NO 120. DEATH MATED \$\frac{1}{2}\$ 9-19-68 194: Ocan 2d. HOWATHS OAYS MIN. 15 MOTHER'S MAIDEN NAME First Middle Last MIDDER 1 YES NO 120. DEATH MATED \$\frac{1}{2}\$ 9-19-68 194: Ocan 2d. HOWATHS OAYS MIN. MONTHS OAYS MIN. MONTHS OAYS MIN. 12c. DATE PRONOUNCED DEAD MONTHS OAYS MIN. 12d. HOURS OAYS MI |
| Male White 11-21-1881 86 YRS. MONTHS DAYS HOURS MIN. Month 19 68° 19 6:44an 7a. BIRTHPLACE (State ar fareign country) |
| Male White 11-21-1881 86 YRS. 70. BIRTHPLACE (State or fareign country) TEXAS 10. CITY OR TOWN OF DEATH Cheverly 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address). Prince George Hospital 13. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN Marry Tandle 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last HUNT 16. CITY OR TOWN OF DEATH WIDOWED IN DIVORCED Prince George Is 120. USUAL OCCUPATION (Kind af work done during most of working life, even if retired.) NAME First Middle Last HUNT 15. MOTHER'S MAIDEN NAME First Middle Last HUNT |
| Cheverly Section County of Town of Death I1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) Prince George Section Sive street oddress Prince George Hospital Prince George Hospi |
| Inc. CITY OR TOWN OF DEATH Inc. CITY OR TOWN Inc. CITY |
| 10. CITY OR TOWN OF DEATH Cheverly 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 131. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 132. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? 135. STREET AND NUMBER 136. STREET AND NUMBER 137. STREET AND NUMBER 137. STREET AND NUMBER 138. STREET AND NUMBER 139. COUNTY George 'S Laurel 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. First 16. HIND OF BUSINESS OR INDUSTRY RACE HORS 17. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN |
| Cheverly Prince George Hospital PLATER RACE Hors 13a. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before 13c. CITY OR TOWN Medisson Tandle Prince George's Laurel 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO 206 Main Street 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last 16. MOTHER'S MAIDEN NAME First Middle Last |
| 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN Madrisson artific Prince George s Laurel 13b. Mother's Malden Name First Middle Lost JOHN Model Lost HUNT |
| 14. FATHER'S NAME First Middle DODD Last IS. MOTHER'S MAIDEN NAME First Middle Last HUNT |
| JOHN DODD HUNT |
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| |
| hi i i i i i i i i i i i i i i i i i i |
| (Yes, no, or unknown) (If yes give war or dates of service) 218-07-0487 DOROTHY BRAZIER, LAUREL MJ |
| 1B. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure minutes |
| DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown |
| rise ta immediate couse (a), (b) (b) |
| stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF |
| last. (c) |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) |
| × 4200 |
| 196. CONDITION 1976. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? |
| ₿ L YES NO 6 |
| |
| PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 19 21d INNIRY OF CIRPED 21e PLACE OF INNIRY VALUE from Street 21f I OCATION Street at P.F.D. No. City of Town County Start |
| 216. Teach of little of li |
| WHILE NOT WHILE TOCTORY, OTTICE DUILDING, etc.) |
| 22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opini |
| death resulted from:) Notyral causes 🔯, Accident 🔟, Suicide 🗍, Homicide 🗍, Undetermined manner |
| CHIEF MEDICAL EXAMINER |
| ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED |
| DEPUTY MEDICAL EXAMINER \(\overline{ |
| NAME (Type) / John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) |
| |
| 230. BURIAL, CREMATON 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) |
| DEMOVAL (Specifield |
| REMOVAL (Specific |



| SIS- | 1 | 1 | 13353 | -[| IVISION OF | MARYLAN VITAL RECORDS, | | | MENT OF H | | RYLAND 2120 | 01 | 3 |
|---|--|---------------|---|-------------------|---|---|--|-------------------------------|--|---------------------------|--|-------------------------------------|--|
| | / | T÷ | ems#13e&15 | min 1 | Am (7) 1 | | | ATE OF | | | | 1336 | 36 |
| - | ACA | 1. D | ECEASED-NAME | First | | Middle | | Last | * | 2a. DATE OF | | | Tak HOUR |
| qeo | (EYELE) | (| Type ar print) | В | aby | Girl | | Ducket | t | Sept. | Month 23 | 1968 Yea | 8:20PM |
| Her | A NE | 3. S | EX | | 4. RACE | | | 5. DATE OF B | IRTH | | 6. AGE (In year last birthday) |) II OHOEK I II | TEAR IF UNDER 24 HRS. DAYS HOURS MIN. |
| S O | age rs a | | Female | | Negro | | | Sept | | | - | | 9 |
| hou | in by the rise. Page 2 hours | | BIRTHPLACE (State or fare) | ign 7 | b. CITIZEN OF WI | | | NEVER MAI | KKILD ALA | . COUNTY OF | | | |
| 24 | d i | | Maryland | | U. | S.A. | WIDOWED | | | | George | | Md. |
| requires that the death certificate be executed within 24 hours ofter deoth | bon pape within 72 | 10. (| Cheverly | | give Pr | AME OF HOSPITAL OR IN street address) Ince Geo. G | en'l H | ospital | 1 during mas | | (Kind af wark o life, even if retir | | ID OF BUSINESS OR RY |
| ed \ | ind completely fremove corbon nony event, with | 13a. | USUAL RESIDENCE (Where | deceased | lived, if institut | | 13c. CITY OR | | 13d. INSIDE CITY LIM | 175? 13e. STI | REET AND NUMBE | Gardine | rs Road |
| ecut | tom) | | Maryland | | Prince | George's | Brand | | YES NO | Ge | neral De | livery, | Brandywine |
| exe | nd rem | 14. | FATHER'S NAME First | | Middle | Last | - 177 | | AIDEN NAME Fir | | Midd | lle | Last |
| e be | 5 9 2 | 1 | | usse | | Duckett | | | . Simms | 3 | | | |
| icat | (83) | | (WAS DECEASED EVER IN User, na, ar unknawn) | | or dates of service) | 16b. SOCIAL SECURITY | NO. 17. | INFORMANT | | | Addre | ess | |
| ertif | (33) | - | In cause of Brazil // | | | | , | | | | | AP | PPROXIMATE INTERVAL |
| th | D | | 1B. CAUSE OF DEATH (I PART I. DEATH WAS | CAUSED E | BY: P | ne far (a), (b), and (c) rematurity | - 158 | 0 grms | | | | BETW | VEEN CINSET AND CEATH |
| dea | attendi permit. ion, or r | | 7762 | IMMEDIATE | CAUSE (a) | | | | | 1 | | | |
| the | | | Canditians, if any, which | h gave) | | AS A CONSEQUENCE OF espiratory | Dietr | -ACC C37 | ndrome | | | | |
| hat | an. by # ransi remo | | rise ta immediate caus stating the underlying | se (a), (| DUE TO, OR | AS A CONSEQUENCE OF | DISCI | ,ess sy | MULOINE. | | | | |
| es t | | | last. | (dose) | (c) | | | | - 0 | | | | |
| requir | | - | PART 2. OTHER SIGNIFICATION OF THE PART 2. | ANT CONDI | TIONS CONTRIBU | TING TO DEATH BUT N | OT RELATED TO | O THE TERMINA | AL DISEASE ORCO | NDITION GIVE | N IN PART 1(a) | | |
| Jaw. | o S o | CERTIFICATION | 19a. DATE OF OPERATION | 19b. CO | NDITION FOR WH | ICH OPERATION WAS PI | RFORMED | 20a. AUTO | PSY? | 20b. IF | YES, WERE FINDI | NGS CONSIDERED | IN CERTIFYING |
| The | or offer off | E | | | | | | YES X | X NO 🗆 | CAUSES | OF DEATH? | s | |
| CIAN: | ospital or ot certificote ho hed for use it. of Health | MEDICAL CE | 21a. ACCIDENT WAS UNI OR CONTRIBUTING CAUS (If either, natify medical | SE OF GEATH | 21b. TIME OF HOUR A.M. P.M. | FINJURY Manth Day Year 1 | | OW INJURY OC | CURRED (Enter | nature af injur | ry in Part 1 ar Po | art 2, Item 18.) | |
| PHYSI | by the hospi fter this certi be detached State Dept. a | ME | 21d. INJURY OCCURRED While Nat while | 21e. Pl | ACE OF INJURY | AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. | CTORY,) 21f. LO | | | 100 | ar Tawn | Caunty | State |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The | CTOR: After should be c ith the State | | 220. I certify that saw the deced couses stated | (this sed oliver) | hospital) atte e on Se j d) (we) (did) | ended the decease 23 (six pot) view the | ed fram_ 19 68 _, on body after | Sept. d that in (ca death. | 4 , , 19 <u>6</u> w) (our) opin | 8_, ta_Se nian death c | ept. 23 accurred on the | , 19 <u>68</u> , 1 ne dote and h | that (kx (we) last our and from the |
| OR AT | be retained DIRECTOR: ADIRECTOR: | | 22b. SIGNATURE | h | 3 (| Der | DEGI | ATTENDI | NG ME | | STAFF PHYS. | 22c. DATE SIGNE | 25, 1968 |
| PITAL | ERAL DIR ERAL DIR or, poge 3 d be filed | | 22d. PHYSICIAN'S NAME (Type) | Far | ık Ozer | , M. D. | | 22e. ADI | | rge's (| General | Hospita | 1.Cheverl |
| HOS | Page 4 may TO FUNERAL director, po should be fi | 23a. | BURIAL, CREMATION, REMOVAL (Specify) | 23b. DA | 6/68 | 23c. NAME OF | CEMETERY OR | CREMATORY | | 17 | ON (City ar Tawn) | (Caunty) | Manyland |
| 7 | 77 | 24. | FUNERAL DIRECTOR | 7/6 | 0/00 | ADDRESS | wheek | Lill | 2Sa. REC'D BY | REGISTRAR | | TRAR'S SIGNATURE | TVILL. |
| 2 | VR A15 (4) 30M REV. (A8) | 1 | Martell G | da | ms | Cigna | sco- | ma | | T1 | 1968 | Charles | /1 |
| | | | | | | , | | | | | | | |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13354 CERTIFICATE OF DEATH 1336 1. DECEASED-NAME 20. DATE OF OEATH First Middle Lost death. by the funeral Pages 1 and 2 ruted within 24 hours after death (Type or print) Lillian 3:25pM Sept. Easton 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS last birthdoy)
52 HOURS April 23, 1916 Female Caucasian 9. COUNTY OF DEATH popers 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIEO X NEVER MARRIEO country) (WIDOWED [DIVORCED [Prince George's 12o, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if setged.) give street oddress INDUSTR attending physician una carbon narmit. Then please remove carbon with Prince Geo. Gen 1 Cheverly Hospital 130, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Prince George's NO 201 Stanley Place Laurel crematian, ar removal, and in any 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First First 160. WAS DECASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown) (If yes give war or dates of serv 16b. SOCIAL SECURITY NO. 17. INSORMANT Address requires that the death certifica (If yes give war or dates of service) 6 253 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. IMMEDIATE CAUSE (o) Conditions, if ony, which gove) RALERE burial-transit rise to immediate cause (a). OUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) as the O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use (YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year be detached for State Dept. of H of (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (this haspital) attended the deceased from August 23, 1968, to Sept. 12, 1968, that (we) last __19_68, and that in ****** (our) opinian death accurred on the dote and hour and from the saw the deceased alive an Sept. 12. shauld causes stated abave (we) (did) (878 767) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. AODRESS NAME (Type) / Prince Geo. Gen'l Hospital, Cheverly, Md. director, shauld be 23o. BURIAL CREMATION 23b. DATE (County) (Stote) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

DATE SEP 19

1968

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13368 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN 1. DECEASED-NAME First Middle Month 2b. HOUR (Type or Print) ESTI-Ellis-197 : 150mM 5 Charles 9-26-68 Joseph DEATH MATED 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD P.M.3. 6819 1:15pmM Male White 2-12-1927 YRS. 70. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 76. CITIZENSOF WHAT COUNTRY? 9. COUNTY OF DEATH country) Dis rict WIDOWED [DIVORCED | Prince George's Give Poges with the state 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Prince George Hospital Cheverly 13d. INSIDE CITY LIMITS? deoth. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Prince George's Hvattsville YES NO 7010 Emerson Street Office be executed within 24 hours pages Jand 2 tem | after 14. FATHER'S NAME WILLiam Lost IS. MOTHER'S MAIDEN NAME Lost Ellis Waller Mattie hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 579-34-2785 pencil (Yes) no. or unknown) (If yes give war or dates of service) Martha R. Ellis Same as # 13 Exon File APPROXIMATE INTERVAL .⊆ within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending Massive intracerebral hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), plnods writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= This certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD or removol, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES TO NO F be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, P.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK buriol, 22a. I certify that I took charge of the remains described above, held an Autopsy. Inspection [4], Inquiry and in my opinion Natural causes K / Accident . Suicide . death resulted fram: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 9-27-68 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Heolth NAME (Type) Riverdale, Md. ADDRESS(Street, city, town, or county) John Kehoe MD 50 230. BURIAL CREMAT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 239 DAD-68 Cedar Hill Cemetery Suitland, Md. 24 FUNERGASCION'S Sons 4739 Balt. Ave ADDRIVATES VILLE, MGO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE OCT 1968 VR A15ME (5)

| 200 200 -25-000 | ÷111 | at Crists | | |
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FOR STATE HEALTH DEPT.

any delay is 2, and 3 ta PM3. Page

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with to

This certificate shauld be executed within 24 hours after death

DICAL EXAMINER:

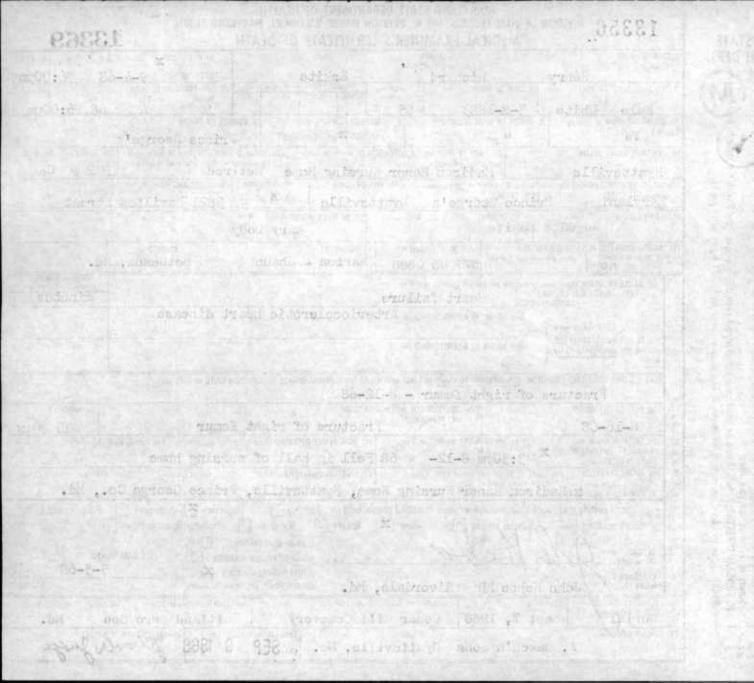
TO DEPUTY

O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with Health priar ta burial, cremation, or remaval, and in any event within 72 haurs after death. 5 may be retained far yaur files.

MARYLAND STATE DEPARTMENT OF HEALTH 13356 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

| | 1999 | O | | MEDIC | AL E | XAM | INER' | 'S C | ERTIF | ICATE | OF DI | EATH | | | (| 133 | 369 |) |
|---------------|---------------------------------|---------------|--------------|----------------------|------------|-----------|-----------|----------|------------|--------------------|--|----------------|-----------------|--------------|--------------|------------|-------------|------------|
| | CEASED-NAME ype or Print) | | First | 300 | 113 | Middl | е | | | Lost | | | 2o. DATE | KNOWN ESTI- | X Month | Doy | Yeor | 2b. HOUR |
| (1) | the or ratin) | Henr | CV | I | Richa | ard | | | E | skite | | | DEAT | H MATED [| 9-4 | -68 | 196: | DOpm 4 |
| 3. SEX | X . | 4. RACE | | S. DATE OF BIR | | | 6. AGE (I | n years | | DER 1 YEAR DAYS | IF UNDER | 24 HRS MIN. | 2c. DATE Mon | PRONOUN | | | | 2d. HOUR |
| | Male | White | 9 | 3-8-18 | 883 | | 85 | YRS | | | 1 | | 9 | im | Day | 68° | 196:0 | Dom M |
| 70. B | IRTHPLACE (Stot | | 7b. | CITIZEN OF WH | | TRY? | 8. | MA | RRIED | NEVER MA | RRIED | 9. COL | JNTY OF I | DEATH | 55.5 | 734-3 | | 7 |
| count | ry) Va | | | US | | | 118 | | OWED 🔀 | | ORCED |] | Princ | e Ge | orget | S | | М |
| 10. CI | TY OR TOWN O | OF DEATH | | | | | | | | in hospital | 12a. l | ISLIAL OC | CCUPATION | (Kind of | work done | 12b. KIN | ND OF BUS | SINESS OR |
| 1 | Hyatts | ville | | give | adis | on I | lano | r N | ursi | ng Ho | me | Reti | red | life, even | it retired.) | INBUST | P | Co |
| 13o. I | USUAL RESIDEN | ICE (Where de | ceosed | lived, if institu | ution: Res | sidence | before 13 | 3c. CITY | OR TOW | /N 1: | 3d. INSIDE CITY | LIMITS? | | EET AND NU | | | | |
| ad | mission) STATE | d | Pr: | ince Ge | orge | 15 | Hy | att | svil | le | YES 🔼 | NO 🗌 | 382 | 1 Han | milto | a Str | eet | |
| 14. FA | THER'S NAME | First | 4 1 | Middle | | 0.10 | Lost | | | THER'S MA | IDEN NAME | First | | | Middle | | Los | it |
| | | Augus | ta | Eskite | | | | | | | Mary | Dody | y | | | | | |
| | AS DECEASED EV | | | | 16b. SOC | IAL SECU | IRITY NO. | | 17. INFOR | | | | | ADD | | | | |
| (10 | s, no, or unknov n | Wn) (if ye | s give war o | or dates of service) | 577 | 05 | 0388 | 3 | Mari | ron L | Shau | ıb | | Beth | resda | , Md. | | |
| 13 | 18. CAUSE OF | F DEATH (Ente | r only o | ne couse per li | ine for (o |), (b), o | nd (c).) | | | | | 1000 | | | | | APPROXIMATE | |
| | PART I. (| DEATH WAS CA | USED BY | CAUSE (o) | Hear | t fa | ilu | re | | | | | | | | | ninut | |
| | 412 | 9 | COINIC | DUE TO, OR | AS A CO | NSEQUE | NCE OF A | Art | erio | scler | otic | hear | rt di | seas | е | | | 90 5 |
| | Conditions, if | | | (h) | | | | | | | | | | | | | | |
| | rise to immed stoting the un | | | DUE TO, OR | AS A CO | NSEQUE | NCE OF | | | | -10-1-17 | | | | - | | -5 7 | |
| | last. 45 | () () | -) | (e) | | | | | | | | | | | | | | |
| | PART 2. OTHER | SIGNIFICANT C | ONDITIO | NS CONTRIBUT | ING TO D | EATH BL | JT NOT R | ELATED | TO THE 1 | ERMINAL I | DISEASE OR | CONDITIO | ON GIVEN | IN PART 1(c | 0) | | | |
| - | | Fractu | ire | of right | ht f | emu | - 8 | 8-1 | 2-68 | | | | | | | | | |
| ATIO | 19o. DATE OF (| OPERATION | | | | | FOR WHI | ICH OP | ERATION | | | 577 | | | 1 640 | 20 | O. AUTOPS | Y? |
| CERTIFICATION | 8-16 | 6-68 | | | WA | S PERFO | RMED? | F | ract | ure c | f rig | ght : | femu | r | | | YES 🗌 | NO I |
| | 210. EXTERNAL | CAUSE WAS | | 21b. TIME OF | INJURY N | Nonth, Do | oy, Yeor | | 21c. HOW | INJURY O | CCURRED (E | nter notu | ore of inju | ry in Port 1 | or Port 2, | Item 18.) | | |
| MEDICAL | CAUSE OF DEAT | | NG X | 3:30p | M. 8- | 12- | 19 6 | 68 | Fell | in h | all d | of n | ursi | ng ho | me | | | |
| MED | 21d. INJURY OC | CURRED 2 | le. PLAC | E OF INJURY (| At home. | form, s | treet. | | 21f. LOCAT | ION Street | or R.F.D. No |) | Cit | v or Town | | Coun | | Stote |
| M | WHILE AT WORK | NOT WHILE TO | ladi | son Ma: | ng, etc.) | Nurs | sing | Ho | me. | Hyatt | svil | le. | Princ | ce Ge | orge | Co., | Md. | |
| 1 | | | | c charge of t | | | | | | | | | | | _ | | | ny opinior |
| 3 | | | | Naturol caus | | | | | | | The Address of the Ad | | | etermine | , , . | | | ., оро. |
| | a oanii 10 | ^ | | W | 17 | , ,,, | | | 301010 | | IEF MEDICAL | | _ | 1 | | | | |
| | ACTUAL | 1/1 | TIA | MI | 1- | 0 | | | | | SISTANT MEI | | | | 22b. DA | TE SIGNED | | |
| | SIGNATURE _ | 11 | 100) | 1 | V | | (- | | , | | PUTY MEDIC | | | | | | 5-68 | |
| | EXAMINER'S NAME (Type) | | n K | ehoe M | D | Rive | erda | le. | Md. | | DRESS(Stree | | | | 4 49 | | | 11/1- |
| 230. | BURIAL, CREMA | ATION, | 23b. DA | | | | | | | MATORY | | 23d. | . LOCATIO | N (City or 1 | Town) | (County | () | State) |
| | REMOVAL (SA | ALL V | Sep | t 7, 19 | | | | | | | ry | | Suitl | | Pro | _ ` ′ | ,, | ld. |
| 24. | FUNERAL DIREC | TOR | | | | | ADDRESS | | | | 2So. REC | D BY RE | GISTRAR | 2Sb. | REGISTRAR | 'S SIGNATU | IRE | |
| | | F. | Gas | sch's S | ons | Ну | atts | vi | lle, | Md. | DATESE | P | 9 19 | 168 | golia | reas | Judg | IC. |

VR A15ME (5)



funeral s I and 2 deoth. 24 hours after death. Lilled in TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut Poge 4 moy be retained by the hospitol or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH ION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, M

| 13357 | DIVISION OF VI | | | ICATE OF | | MORE, MARYLAND 2 | 3370 | | |
|--|-----------------------------|----------------------|-----------|----------------|-----------------------|------------------------------|--|----------------|------------------|
| The second secon | rst | Middle | | Lost | | 2o. DATE OF DEATH | | | 2b. HOUR |
| (Type or print) (2) a | netre | C | | Evans | | Sept. | Day | Yeor 191-5 | 830 A M |
| 3. SEX | 4. RACE | | | S. DATE OF | BIRTH | 6. AGE (In | yeors IF | F UNDER 1 YEAR | IF UNDER 24 HRS. |
| Female | white | | | June | 8.187 | last birthd | | DAYS DAYS | HOURS MIN. |
| 7o. BIRTHPLACE (State or foreign | 7b. CITIZEN OF WHAT | COUNTRY? | B. MADDII | ED NEVER MA | | COUNTY OF DEATH | 5. 163.] | | |
| country) | 1116 | | WIDOWI | | RCED | D O . | | | |
| ID. CITY OR TOWN OF DEATH | 11 NAME | OF HOSPITAL OR INS | | - | | OCCUPATION (Kind of wo | raes I | 12b. KIND OF I | Md |
| 41 | giye stree | et oddress) | | | during mas | at of working life, even if | | INDUSTRY | DOSII4ESS OK |
| 13a. USUAL RESIDENCE (Where dec | age of lived if institution | | 13c. CITY | OP TOWN | 13d. INSIDE CITY LIMI | | MDED | | |
| odmissian) STATE Mary land | 13b. COUNTY | | - | 1 | YES NO | | | UTI | 10 |
| 14. FATHER'S NAME First | Middle | lost | 041 | land | ANDER MANE E | | Ver H | ill Kd. | 3,8 |
| | | | | 15. MUTHER 5 | MAIDEN NAME Firs | | Middle | 0 | 1 COST |
| Will | | Stone | , I | 7 111500111117 | Ke | beeca | 11 | Carr | 011 |
| | ve war or dates of service) | b. SOCIAL SECURITY N | | 7. INFORMANT | 1 5 | 1 | ddress ~0 | | 10 |
| UNKNOWN | | 78-30-20 | - 1 | yur | ung D | ame deco | al VI | Man | ma |
| 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU | anly ane cause per line f | | | Tave 11 | An | nnoch | | BETWEEN ON | ISET AND DEATH |
| PART I. DEATH WAS CAL | EDIATE CAUSE (a) | CIRC | 12/1 | romy | (100 | -CHOL | ļ | | |
| 4129 | | CONSEQUENCE OF | | - | 1- 11 | range Co. | 1110 | | |
| Canditians, if any, which gas rise to immediate cause (a | | (0. | 1160 | 2571 | VB /70 | THE STI | UKL | | |
| stating the underlying caus | | CONSEQUENCE OF | 20- | 3,10 | ATIO 2 | 12 002 Dr | 7-107- | | |
| last. | _) (c) | 4K101 | KX | 1.0000 | 1110 1 | CIKI LIBO | 4784 | | |
| PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NO | T RELATED | TO THE TERMIN | AL DISEASE ORCO | NDITION GIVEN IN PART 1 | 2) | | .51 |
| = 4200 L | ely / | Jup - | ALL | relev | 2/9 | 16/ | Manage Control of the | | |
| 19a. DATE OF OPERATION 19 | 9b. CONDITION FOR WHICH | OPERATION WAS PE | FORMED | 20a. AU1 | OPSY? | 20b. IF YES, WERE F | NDINGS CON | SIDERED IN CE | RTIFYING |
| EEL | | | | YES [| NO 🗌 | CAUSES OF DEATH? | | | |
| | | | 21c. | HOW INJURY O | CCURRED (Enter i | nature of injury in Part 1 o | or Part 2, Iter | m 18.) | |
| DR CONTRIBUTING CAUSE OF E | | Month Day Year | | | | | | | |
| 21d. INJURY OCCURRED 2 | Te. PLACE OF INJURY (AT | | | LOCATION Str | eet ar R.F.D. Na. | City or Town | | County | State |
| While Nat while at wark | (DEF | ILE BUILDING, ETC. | 1 | | | | | | |
| 220 certify that (I) | (this hospital) attend | ed the decease | d fram_ | 6-16- | , 19 6 | 8, to 9-2 | 3 , 19 6 | S, that | (I) (we) last |
| saw the deceased | alive on 94 | 23 1 | 968.0 | and that in (| ny) (our) opin | ion death accurred o | n the date | and haur o | and from the |
| | ive, (I) (we) (did) (di | d nat) view the l | oady afte | er death. | | | | | |
| 22b. SIGNATURE | 0.10 | 4 | | ATTEND | ING ME | D. STAFF | _ | TE SIGNED | 0.00 |
| reg | unt (| 1 apr | 1 mo | GREE PHYS. | | RECTOR PHYS. L | 1 9-1 | 73-19 | 68 |
| 22d. PHYSICIAN'S NAME (Type) | Alfred R. | Lapin | | 22e. AD | 0.1 | ud o | 10 . 4 | h. | 120126 |
| | | | | 74 | ol su | and dane X | hust | min | (40/21 |
| 23a. BURIAL, CREMATION, 23 | b. DATE | 23c. NAME OF | CEMETERY | OR CREMATORY | | 23d. LOCATION (City or To | (nwi | (County) | (State) |
| Durial / | 126/1968 | 80 | dan | Hill | | Sulla | ndid | NHEN | uma |
| 24. FUNERAL DIRECTOR | 2 | ADDRESS | +1 | 20. | 250. REC'D BY | | GISTRAIL SIG | SNATURE | A. |
| Mallenge | 11 151 | 11/N | 1.5 | · >. /)(| DATE SEP | 2 4 1968 | mar | CA June | 8 |

VR A15 30M REV.

ADDRESS

Hyattsville. Md

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (30M REV.

24. FUNERAL DIRECTOR

asch's Sons

2So. REC'D 8Y REGISTRAR 1968

2Sb. REGISTRAR'S SIGNATURE

(County)

P. G.

County

22c. DATE SIGNED

2b. HOUR

9:05PM

IF UNDER 24 HRS.

12b. KIND OF BUSINESS OR

rumpacker

APPROXIMATE INTERVAL

BETWEEN ONSET AND OEATH

Stote

Md.

IF UNDER 1 YEAR

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| TOTAL BOOK | A Summit Clays to Co. | | Long Mandal . | |
| | A391 0 V 9 | | | on the alpha |

signed by the burial-tronsit x Pneumohia prior to TO FUNERAL DIRECTOR: After this certificate has been os the

within 24 hours after death

executed

requires that the death certificate

by the hospital or attending physician.

O HOSPITAL OR ATTEND Page 4 moy be retained

be detached for use State Dept. of Heolth

0

director, page 3 shauld should be filed with the

VR A15 (4)

30M REV. 1/68

funerol

puo

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?

22a. I certify that (c) (this haspital) attended the deceased from 17 Jul ..., 1968, to 10 Sep

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not while at work

190, DATE OF OPERATION

21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M

(AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

NAME OF CEMETERY OR CREMATORY

NO G 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)

City or Town

County State

(Stote)

saw the deceased alive an 10 Sep causes stated abave, ((we) (did nat) view the bady after death. 225 SIGNATION

DEGREE PHYS.

YES -

DIRECTOR

188_, and that in (my) (aur) apinion death accurred an the date and haur and fram the

23d. LOCATION (City or Town)

22c. DATE SIGNED 10 Sep 68

PHYSICIAN'S BRYAN SAPP CAPT

23b. DATE

22e. ADDRESS

MALCOLM GROWUSAF HOSP ANDREWS

| 1 | Buri | r (spenil) |
|-----|---------|------------|
| 24. | FUNERAL | DIRECTOR |

BURIAL (REMATION,

(County)

| 13372 | | | | | 13359 |
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| Charles Justye | 884 0 4 4 3 2 | No. | | | A STATE OF THE PARTY OF |

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 216373

| | | | CERTIFICA | IE OF DE | AID | | | | |
|-------------------------------------|--|---|--------------------|------------------------|--------------------|----------------------------|------------------|-----------------------------|--------------------------------|
| 1. DECEASED-NAME | First | Middle | | Last | 20. | DATE OF DEATH | | v | 2b. HOUR |
| (Type ar print) | Mae | E. | Fowb | le | Se | ept. Mai | 12. Day | 1968 Year | 1:55AM |
| 3. SEX | 4. RACE | | S | DATE OF BIRTH | | 6. AGE | (In years | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. |
| Female | Cauc | casian | 100 H T | DEc. 9, | 1910 | 5 | rithday) YRS. | MUNIHS DATS | HOUKS MIN. |
| 7a. BIRTHPLACE (Stote or fo | reign 7b CITIZEN | OF WHAT COUNTRY? | | NEVER MARRIED | | UNTY OF DEATH | | | |
| country ash., D. | C. U.S. | .A. | WIDOWED | DIVORCED | | nce Geor | rge's | | Md. |
| 10. CITY OR TOWN OF DEAT | | 11. NAME OF HOSPITAL OR | | | 12a. USUAL OCC | UPATION (Kind a | f wark done | 12b. KIND OF | BUSINESS OR |
| Cheverly | | Prince Geo. | | | Hous | working life, eve OWITE | n ir retired.) | INDUSTRY | |
| 13a. USUAL RESIDENCE (Wh | ere deceased lived, if in | nstitution: Residence befar | re 13c. CITY OR To | | NSIDE CITY LIMITS? | 13e. STREET AND | | | |
| odmission) STATE Maryland | Princ | ce George's | | irre | NO 🗌 | 5105 7 | Ltt Ave | | |
| | st Mid | ddle Lost | 1S. 1 | NOTHER'S MAIDEN | NAME First | | Middle | | Last |
| | arles | Donok | | | Minn | ie | | Whi | te |
| Yes, no, or unknown) | V U.S. ARMED FORCES? (If yes give war or dotes of servi | 16b. SOCIAL SECURIT | | DRMANT | | | Address | | |
| No | - | 577-01- | 7879 M | . Marvi | n H. | Fowble | (abov | e add | MATE INTERVAL |
| | | per line far (a), (b), ond | | | 1 | (Husbar | nd) | | INSET AND DEATH |
| PART I. DEATH V | IMMEDIATE CAUSE (a) | EMACIAT | ION , DE | HYDRA | TION | | | | |
| 5 63,0 | DUE TO | , OR AS A CONSEQUENCE | OF | | | | | 0 | |
| Canditians, if any, wi | ich gove) (b) | CROHN'S | DISEAS | Eau | LCERI | ATIVE | COLIT | 15 7 | month |
| stoting the underlyi | | , OR AS A CONSEQUENCE | OF | | | | | | |
| last. | ((|) | | | | | | | |
| PART 2. OTHER SIGNI | ICANT CONDITIONS CON | ITRIBUTING TO DEATH BUT | NOT RELATED TO 1 | HE TERMINAL DIS | EASE OR CONDIT | TON GIVEN IN PAR | T 1(a) | | |
| S) 120 | LIAL COMPUTION FO | OR WILLIAM OREDATION WAS | DEDCODATE D | Lon- AUTODOVO | | TOOL IF YES IN | DE EINDINGE CO | ONEIDEDED IN C | EDTIFYING |
| 19a. DATE OF OPERATION ACCIDENT WAS | N 196. CONDITION FC | OR WHICH OPERATION WAS | PERFURMEN | 20a. AUTOPSY? | | CAUSES OF DEA | | ONSIDERED IN C | EKIIFTING |
| 210. ACCIDENT WAS | INDEDIVING TO THE | IME OF INJURY | Ini. uou | YES | NO XX | re of injury in Par | A 1 or Don't 1 I | lane 10) | |
| | AUSE OF DEATH HOUR | A.M. Month Day Ye | | INJURY OCCURRI | tu (tinter natu | re or injury in Par | I I OI Part 2, I | irem ib.) | |
| G (If either, natify med | | P.M. | 19 DIS 1000 | TION CAA | D.C.D. Ma | Cit T | | County | State |
| While Nat while at work | 7 218. PLACE OF INJ | JURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC. | 217. LUCA | TION Street of | K.F.D. NO. | City ar Tawr | | County | Sidie |
| at wark at work | 4 /4h /4hia haaniaali | \ | and form Te | n 1 | 1068 | to Sont | 12 10 | 68 that | Wr(wa) last |
| saw the dec | eased alive on S | attended the deced | 19.68, and | hot in (may) (| aur) apinian | death occurre | d on the da | te ond hour | and from the |
| causes state | dabove, (I) (we) | (did) (did not) view th | e bady after de | ath. | , | | | | |
| 22b. SIGNATURE | my Totall | april_ | | ATTENDING | - MED | STAFF | 22c. 1 | DATE SIGNED | |
| 100 | george | Suio | DEGREE | PHYS. | MED. | OR K PHYS. | | /12/68 | |
| 22d. PHYSICIAN'S NAME (Type) | . D. Mourtza | makis, M.D. | | 22e. ADDRESS Prince | | e's Gene | ral Ho | sp. Che | verly.M |
| 23a. BURIAL, CREMATION, | 23b. DATE | | OF CEMETERY OR CE | | | LOCATION (City | | (County) | (State) |
| REMOVAL (Spetify) 1 | 9/14/6 | 68 Ft.Li | ncoln (| | | olmar N | | | (3.5.5) |
| 24. FUNERAL DIRECTOR IN | | | | | | | . REGISTRAR'S | | |
| Home Tr | | | nwland | | 1 7 | 4000 | 00/10-1 | la Ond | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completify filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Page shauld be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exper Page 4 may be retained by the hospital ar attending physician.

and 2 r death.

VR A15 (4) 30M REV. 168

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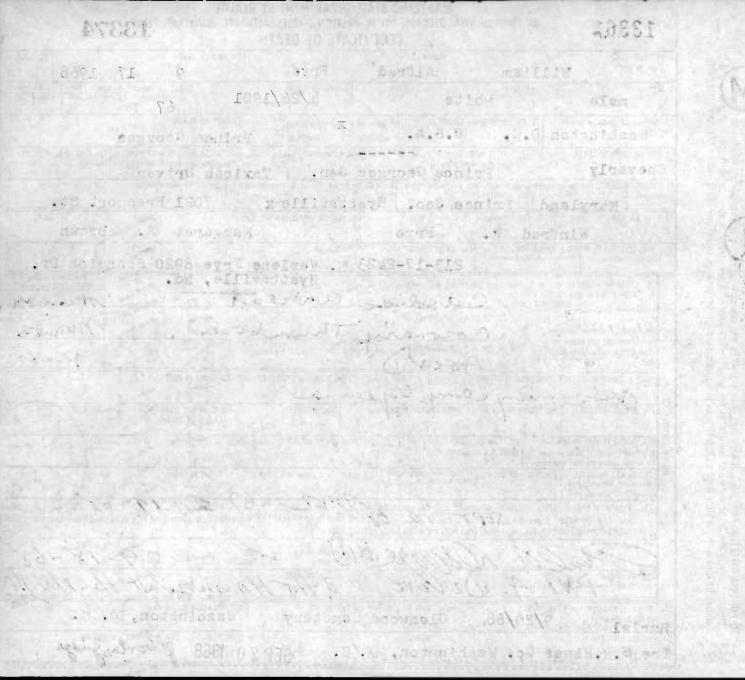
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND CEDTIFICATE OF DEATH

| | | | | | CERTIFIC | AIL OI DEAI | | | | |
|---------------|---|--------------------|---------------------|---|--------------------|--------------------------------|-----------------------|--|-----------------------------|---------------------------------|
| | EASED-NAME ' pe or print) | First | | Middle | | Lost | 2a. DATE OI | DEATH Manth | Your - | 2b. HOUR |
| (1) | pe or pillity | Will | iam | Alfr | ed | Frye | | 9 1 | 7 1968 | M |
| 3. SEX | male | 45 | 4. RACE Wh | ite | | S. DATE OF BURTH 4/26/ | 1901 | 6. AGE (In years lost birthdoy) | MONTHS DAYS | HOURS MIN |
| | RTHPLACE (State or for Mashing | | C. CITIZEN OF WH | U.S.A. | B. MARRIED WIDOWED | NEVER MARRIED DIVORCED | 9. COUNTY OF | DEATH George | S | Md. |
| | Y OR TOWN OF DEAT | Н | give s | ME OF HOSPITAL OR INS | THTUTION (IF n | ot in hospitol 120. | USUAL OCCUPATION | (Kind of work done life, even if retired. | 12b. KIND OF | |
| | - 0 | ore decensed | lived if instituti | ince Gec on: Residence befare | III CITY OF | TOWN 134 INCIDE | Taxicab | REET AND NUMBER | | |
| odmiss | sign) STATE | land | 13b. COUNTY Prin | ce Geo. | | tsville | | | port St | • |
| 14. FA | THER'S NAME F | rst | Middle | Lost | | S. MOTHER'S MAIDEN NA | | Middle | | Lost |
| | W | infre | d R. | Frye | | | Marga | ret A. | Brown | 1 |
| | VAS DECEASED EVER I | N U.S. ARMED | | 16b. SOCIAL SECURITY I | | INFORMANT | | Address | | |
| 163 | s, na, ar unknawn) | (ii you give wai e | a dolos di salvicoj | 213-17- | -2423 | M. Verle | ne Frye | 6920 St | | |
| | | | | e for (o), (b), and (c). |) | Hyatt | sville, | Md. | | NATE INTERVAL NSET AND DEATH |
| | PART I. DEATH V | AS CAUSED B | CAUSE (o) | andi | a- | arre | 2 | No. of the cold | me | muses |
| | 4109 | | | S A CONSEQUENCE OF | - | | _ | | 0 | |
| | Canditians, if ony, w | | (b) C | orona | nu | Thum | bose. | AUGUA | me | mos |
| | rise ta immediate c stoting the underlyi | | DUE TO, OR A | S A CONSEQUENCE OF | 1 | | | | 0. | |
| | ost. 1/201 |) | (c) | reev. | 1) | | | | Je | ars |
| | PART 2. OTHER SIGNI | ICANT CONDI | TIONS CONTRIBUT | TING TO DEATH BUT N | OT RELATED TO | O THE TERMINAL DISEASE | OR CONDITION GIVE | N IN PART 1(o) | | |
| N. | Jul | mon | any - | emple | 100 | ma | | 911624 | | |
| CERTIFICATION | 90. DATE OF OPERATIO | N 196. CO | NDITION OR WHI | CH OPERATION WAS PE | RECOMED | 20o. AUTOPSY? YES NO | | YES, WERE FINDINGS S OF DEATH? | CONSIDERED IN C | RTIFYING |
| 3 | To. ACCIDENT WAS OR CONTRIBUTING OF | AUSE OF DEATH | | Month Day Yeor | | OW INJURY OCCURRED (| (Enter nature af inju | ry in Port 1 or Part : | 2, Item 18.) | |
| | 21d. INJURY OCCURRI While Nat while It wark at wark | D 2le. PL | ACE OF INJURY | AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. | TORY.) 21f. LC | OCATION Street ar R.F.C |). No. City | or Town | Caunty | State |
| 1 | 22a. I certify the | it (I) (this | e on J | ended the deceose (did not) view the | 9.01, an | d that in (my) (our) death. | opinion death | occurred on the | 9_61, that dote ond hour | (I) (we) last and from the |
| 1 | 22h SIGNATURE | u Od | a K | Dellos | e by | ATTENDING PHYS. | MED. DIRECTOR | STAFF PHYS. | C. DATE SIGNED | -68 |
| | NAME (Type) | W/ | A. 1 |)EVORT | 5 | 22e. ADDRESS | HAMI | Tal It | Hyat | Du: 110 |
| Bu | BURIAL, CREMATION, REMOVAL (Specify) | 23b. DA | 20/68 | 23c. NAME OF Glenw | cemetery or | crematory emetery | | ON (City or Town) | D (County) | (Stote) |
| | UNERAL DIRECTOR | | α | ADDRESS | | | C'D BY REGISTRAR | 2Sb REGISTRA | R'S SIGNATURE | |
| Th | e S.H.H: | nes | Co. Wa | shington | , D. | C. SEF | 20 196 | g Junas | Can your | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please temave corban papers. Pag shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.



FOR STATE HEALTH DEPT.

delay is and 3 to

Give Pages

pencil

24 hours in Item 1

be executed within

This certificote should writing the ward

please execute the certificate.

should be

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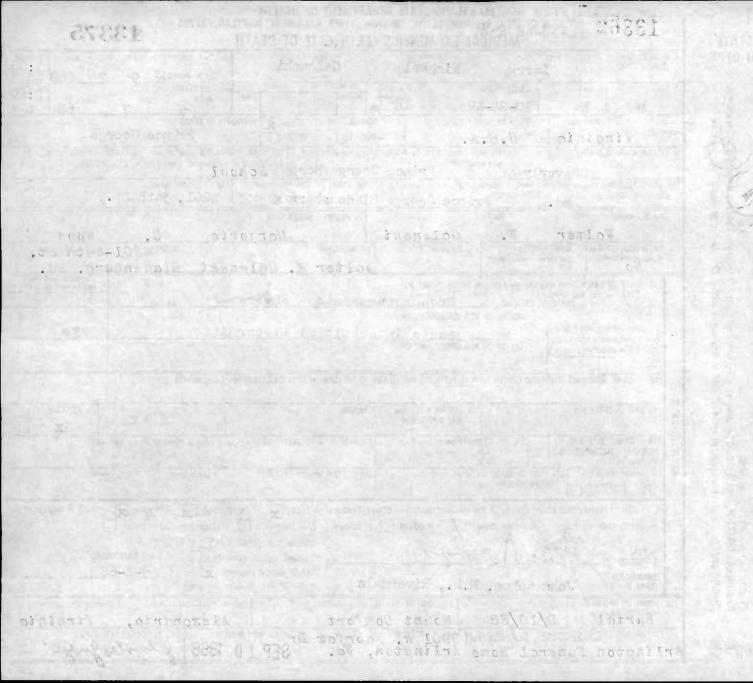
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hours within event \ any .= or removal, cremotion, FUNERAL DIRECTOR: Poge Heolth

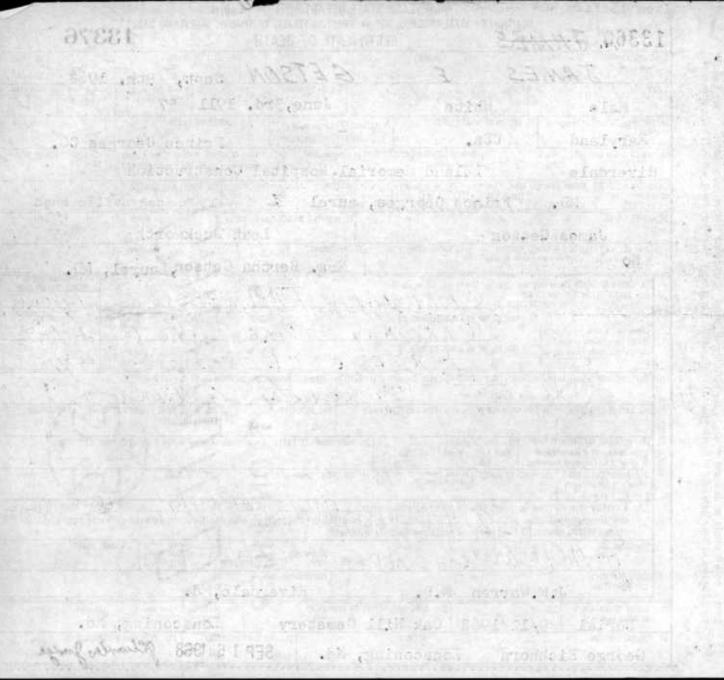
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13375 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Galenski 20. DATE KNOWN (Type or Print) Larry Michael OF ESTI-DEATH MATED -1968 am 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD last byrthday) Year W 10-28-49 YRS. MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Prince George Virginia U.S.A. WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done give street oddress)Prince George Hosp during most of working life, even if retired.) Cheverly 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Prince George Bladensberg 1 NO [odmission) STATE 4201. 54th St., Middle 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Walter Galenski Marjorie Wood 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRES\$4201-54th St. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Bladenburg. Md. Walter W. Galenski 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchopneumonia - Severe DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove (b) Acute interstitial myocarditis days rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES TE NO 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY Month, Dov. Year MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taok charge of the remains described above, held an Autopsy Inspection . Inquiry x ond in my opinian Natural causes 3 death resulted fram: Accident . Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 9-8-68 DEPUTY MEDICAL EXAMINER & **EXAMINER'S** John Kehoe, M.D., Riverdale NAME (Type), ADDRESS(Street, city, town, or county) 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 9/10/68 Mount Comfort Virginia Alexandria. 24. FUNERAL DIRECTOR Sturn E. Woodld O3901 ADDNESS Faor fax DESC. REC'D BY REGISTRAR Arlington Funeral Home Arlington, Va. DSEP 10 196 25b. REGISTRAR'S SIGNATURE Milarles 1968

18&22a Film 407 MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME (5)



| | It | em 13 Film 40 | 4 9-25-68 AMARYLA | ND STATE DEPARTM | MENT OF HEAL | TH | | |
|--|---------------|--|---|---------------------------------|--------------------------|--|----------------------------|-----------------|
| | 4 | 2200 74 | DIVISION OF VITAL RECORD | | | E, MARYLAND 21201 | 22146 | |
| 5 | _ | 3363 JAA | 125 | CERTIFICATE OF | | | 3376 | |
| oth. | | CEASED-NAME First ype or print) | Middle | Last 7 | Tonal 2a. | DATE OF DEATH Month Do | v Year | 2b. HOUR |
| de de de | 3. SE | JHNI. | LS E | GEI | 2014 | Sept. 9th. | 1968 | F UNOER 24 HRS. |
| offer of the offer | 3. SE | Male | White | S. DATE OF B | e,3rd. 1 | 6. AGE (in years last bythday) | | HOURS MIN. |
| P P P P P P P P P P P P P P P P P P P | 70 F | IPTHPLACE (State or foreign | 7b. CITIZEN OF WHAT COUNTRY? | | | JNTY OF DEATH | | |
| in the Present of the | caun | Maryland | USA. | B. MARRIED X NEVER MAR | RCED / CO | | 00 000 | MA |
| n 24 illed pap nin 7 | 10. C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL OR | INSTITUTION (If nat in hospital | 12a. USUAL OCC | Prince Geor UPATION (Kind of work done | 12b. KIND OF BU | JSINESS OR |
| othe be executed within 24 haurs after death and and campletely filled in by the traveral and in any event, within 72 haurs after death | F | Riverdale | give street address M | emorial Hos | pital most of | wrking life (yet if 160 in the life of 1900) | INDUSTRY | |
| ed v cark ent, | 13a. | ccion) CTATE | sed lived, if institution: Residence before | e 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? | 13e. STREET AND NUMBER | | |
| cam ove y ev | | MD. | 13b. FOUNTY HOWARD T | 7 | YES NO | 1505 Scaggs | ville Ro | |
| e ex and rem n an | 14. F | ATHER'S NAME First | Middle Last | IS. MOTHER'S M. | AIDEN NAME First | Duckworth Middle | | Lost |
| nd ind i | 160 | James G | | Y NO. 17. INFORMANT | Lean | Address | | |
| | Y | es, no unknawn) (If yes give w | var or dates of service) | | Bertha G | etson Laure | MID | |
| A DE LO | | 1B. CAUSE OF DEATH (Enter an | nly ane cause per line for (a), (b), and | | | Laure | APPROXIMAT BETWEEN ONSE | E INTERVAL |
| nd nd | | PART I. DEATH WAS CAUSED | D BY: ATE CAUSE (a) CORO | NARVI | HROM | BOS15 | 14 | OUR |
| e deat attend permit. an, ar r | | 4109 | DUE TO, OR AS A CONSEQUENCE | OF C | | , | | |
| the the risit partition | | Canditions, if any, which gave rise to immediate cause (a), | (b) (D) | | HEROSO | - FROSIS | 27 | RS- |
| equires that t physician. signed by the burial-transit burial, crema | | stating the underlying cause | DUE TO, OR AS A CONSEQUENCE | TERIASI | 01 56 | 20515 | 11/1/ | PC |
| uires hysik gnec Jrial | | | NDITIONS CONTRIBUTING TO DEATH BUT | ANOT PELATED TO THE TERMINA | AL DISEASE OR CONDIT | ON GIVEN IN PART 3(a) | TYA | |
| law requires that the death nding physician. been signed by the attend s the burial-transit permit. ior ta burial, crematian, ar re | - | 4201 / le | rome 1 | moli | itis ? | Co Sthing 1 | , | |
| the law reattending attending has been se as the harior tall | ATIO | 190. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATION WAS | PERFORMED 20a. AUTO | OPSY? | 20b. IF YES, WERE FINDINGS | CONSIDERED IN CER | TIFYING |
| YSICIAN: The law raspital or attending certificate has been hed far use as the st. af Health prior ta | CERTIFICATION | | | YES | | CAUSES OF DEATH? | | |
| AN: al or icate far u | | 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT | | | CURRED (Enter natur | e af injury in Part 1 or Port 2, | Item 18.) | |
| SICI Ispite ertifi eed t | MEDICAL | (If either, natify medical examin | ner) P.M. | 19 | A . DED N | (h Y | Caunty | State |
| PHY e ho his c | | While Nat while | PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC. | FACTORY,) 21f. LOCATION Street | et of K.F.D. Nd. | City or Tawn | County | Sidle |
| NG V th ter t ter t rate | | at wark at wark 220. I certify that (1) (thi | is hospital) attended the dece | osed from | / 196/ | to 9/4/ 19 | 68 , that (| l) (we) lost |
| ed bed bed bed bed bed bed bed bed bed b | | sow the deceosed o | is hospital) attended the dece blive on e, (I) (we) (did) (did not) view th | _19_6\ ond that in (m | y) (our) opinion | deoth occurred on the de | ote and hour or | d from the |
| TTOR Tolkshau | | 22b. SIGNATURE /4 / / | e, (1) (we) (wa) (ala not) view it | | | 22c | DATE SIGNED | |
| OR JOE TO THE GO W WE'D W | | AMI | Varry. | MD DEGREE PHYS. | NG MED. | R STAFF PHYS. | | |
| rAL Day to pogge e file | | 22d. PWYSICIAN'S NAME (Type) T NO | | 22e. ADD | ORESS | | | 1000 |
| Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending the director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or remova | | 0 101 | Warren M.D. | | iverdal | | | |
| Age direct | 23a. | BURIAL, CREMATION, 23b. I REMOVAL (Specify) 9 | | OF CEMETERY OR CREMATORY | | LOCATION (City or Town) | (County) | (Stote) |
| 5-5-1 | 24. | FUNERAL DIRECTOR | //12/1968 Oak | Hill Cemete | 2Sq. REC'D BY REG | Lonaconing | SIGNATURE | |
| 30M REV. 14 | - | George Eich | | ning. Md. | 2Sa. REC'D BY REG | 6 1968 gclio | wer Jus | pe |



MARYLAND STATE DEPARTMENT OF HEALTH

Mrs Ruth G Gibb 7521 Mansfield Dr BETWEEN ONSET AND DEATH Unknown Unknown 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) County Stote 22c. DATE SIGNED MALCOLM GROW USAFH ANDREWS AFB MD 23d. LOCATION (City or Town) Virginia (S (Stote) Arlington, 2Sb. REGISTRAR'S SIGNATURE 1968

2b. ROMR

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IF UNDER 24 HRS.

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1968

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12b. KIND OF BUSINESS OR

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IF UNDER 1 YEAR

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13379 CERTIFICATE OF DEATH

| | | | | | | PER III I | CALL OF | PEAIII | | | | | | | | |
|-----------------------|---|----------------|---------------------|--------------|---|-------------|----------------|-------------------|------------------|------------------------|----------------|--------------|-----------|------------------------|-------------------|-----------|
| | ECEASED-NAME Type ar print) | First | | | Middle | 200 | Last | | 2a. l | DATE OF DE | ATH Month | D=- | | Yeor | 2b. | HOUR |
| , | Type or pinns | John | | | A | Gr | eenhal | gh | | 59711 | 9 | 14 | | 968 | 1: | 25 M |
| 3. S | EX | 2007 | 4. RACE | | | | S. DATE OF B | IRTH | | 6. | AGE (In y | ears | IF UNDE | R 1 YEAR | | R 24 HRS. |
| | Male | | , | whi | te | | 5/1, | 1910 | | | lost birthdo | YRS. | MONTHS | DAYS | HOURS | MIN. |
| | BIRTHPLACE (State or | foreign | 7b. CITIZEN | OF WH. | AT COUNTRY? | 8. MARRIED | NEVER MA | RRIED | 9. COU | INTY OF DE | ATH | | | | | |
| cau | PA. | | U.S | .A. | | WIDOWED | | RCED 🔀 | P | rince | Geor | rges | | | | Md |
| 10. | CITY OR TOWN OF DE | ATH | | | ME OF HOSPITAL OR INS | | | 12a. USL | JAL OCCU | JPATION (K | ind of war | k done | | KIND OF | | SOR |
| | Glenn Da | 1e | | give si | lenn Dale | Hospi | tal | during n | nost of w | working life u cema | e even it r | etired.) | INDI | nkno | own | |
| | | Vhere deceos | | | on: Residence before | 13c. CITY C | R TOWN | 13d. INSIDE CITY | | 13e. STREE | T AND NUM | MBER | | | | Hills |
| aam | ission) STATE | | 13b. COU | INIT | | Wash | .,D.C. | YES N | 10 🗆 | 1 | 1439 | Nev | rton | St. | N. | . W . |
| 14. | FATHER'S NAME | First | Mic | ddle | Last | | 1S. MOTHER'S M | AIDEN NAME | First | | N | Niddle | | | Last | |
| А | | Edward | | | Greenhal | lgh | | 1 | Elea | nor | | | | Re | eidy | 7 |
| 160 | , WAS DECEASED EVE | R IN U.S. ARM | ED FORCES? | | 16b. SOCIAL SECURITY I | NO. 17. | INFORMANT | | | | Ac | dress | | | | |
| | res, na, ar unknawn) NO | (II yes give w | 21 OI GO163 OI 3611 | ricej | 522-14-73 | 335 | Decede | ent& S | on, | John | D. | Gree | nha | lgh | | |
| | 1B. CAUSE OF DEA | TH (Enter onl | y one couse | per lin | e for (a), (b), and (c). |) | | | | | 05.30 | | | APPROXIA BETWEEN OF | SET AND | DEATH |
| | PART I. DEATH | I WAS CAUSED | BY: TE CAUSE (a) | PL | 1L MONA | RY 7 | TUBER | CULC | 25/ | 2 | | | 2 | D Y | EAR | 5 |
| | 011.9 | | | | S A CONSEQUENCE OF | | | | | | | | | | | |
| | Conditions, if ony, | | (h |)(| | | | | | | | | | | | |
| | rise to immediate stating the under | | | | S A CONSEQUENCE OF | | | | | | | -11-5- | | | | |
| | last. | my toose) | (0 | :) | | | | | | | 175 | | | 477 | | |
| | PART 2. OTHER SIG | NIFICANT CON | DITIONS CON | ITRIBUT | ING TO DEATH BUT NO | OT RELATED | TO THE TERMINA | AL DISEASE OR | CONDITIO | ON GIVEN II | N PART 1(o |) | | | 177 | |
| z | 0021 | | | | | | | | | | | | | | | |
| MEDICAL CERTIFICATION | 19a. DATE OF OPERA | TION 19b. | ONDITION FO | OR WHI | CH OPERATION WAS PE | RFORMED | 20a. AUT | OPSY? | | | S, WERE FI | NDINGS (| ONSIDER | RED IN CE | RTIFYIN | G |
| TE | | | | | | | YES 🔀 | NO [| | CAUSES OF | F DEATH? | YE | .5 | | | |
| CER | 21a. ACCIDENT WA | | | | INJURY | 21c. | HOW INJURY OF | CURRED (Ent | er nature | e af injury i | n Part I a | r Part 2, | Item 1B. | .) | | |
| DICA | OR CONTRIBUTING [| | | A.M. P.M. | Manth Doy Year | | | | | | | | | | | |
| ME | 21d. INJURY OCCUR While Not while at work at work | RED 21e. | | JURY (| AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. | | LOCATION Stre | et or R.F.D. N | a. | City or | Tawn | | Coun | tγ | | Stale |
| | 22a. I certify t | hat XI) (thi | s haspital |) atte | nded the decease | ed fram_ | 8/21/ | , 19 | 68 , | ta 9/ | 14/ | | 68 | , that | (1) (v | ve) last |
| | saw the d | eceased a | ive an | 9/ | 14 | 9_68, a | nd that in Ka | y) (aur) ap | oinian d | death acc | urred ar | the do | ate and | haur | and fr | am the |
| | | ited abave | XX (we) | (did) (| XXXXX) view the | bady afte | r death. | | | | | | | | | |
| ń | 22b. SIGNATURE | U | Me | 1 | Vhn | DEC | GREE PHYS. | N. | MED. DIRECTOR | $R \sqcup I$ | STAFF C | | | GNED 14/6 | 8 | |
| 1 | 22d. PHYSICIAN'S NAME (Type) | Moe | Weiss | , M | I.D. | | 22e. AD | DRESS | Glen Glen | in Dal in Dal | le Ho Le, M | spit aryl | al and | 444 | | |
| | BURIAL, (REMATION | 9- | 17-19 | 68 | 23c. NAME OF Calvar | w Cen | eterv | | | LOCATION irfax | | | (Cour | nty) | (Stat | e) |
| 24. | FUNERAL DIRECTOR. JOSEPH WA | awler | s Son | 200 | Inc., ADDRESS | 30 Wi | sc. Av | 2Sq. REC'D SEP | RY REGIS | 1968 | 2Sb. | ISTRAR'S | | | L | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the buriol-transit permit is should be filed with the State Dept. of Health prior to buriol, cremation, or ren VR A15 (4) 30M REV. 1/68

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FOR STATE HEALTH DEPT.

ncil in Item 18. Give Pages 1, 2, and 3 to with form PM3. Page Department of

iner's Office alang

DICAL EXAMINER: This certificate should be execute

TO DEPUTY

the funeral director. Page 4 shauld be farwarded to the Chief Medical necessary, please execute the certificate, writing the ward "pending

pages 1 and 2 with

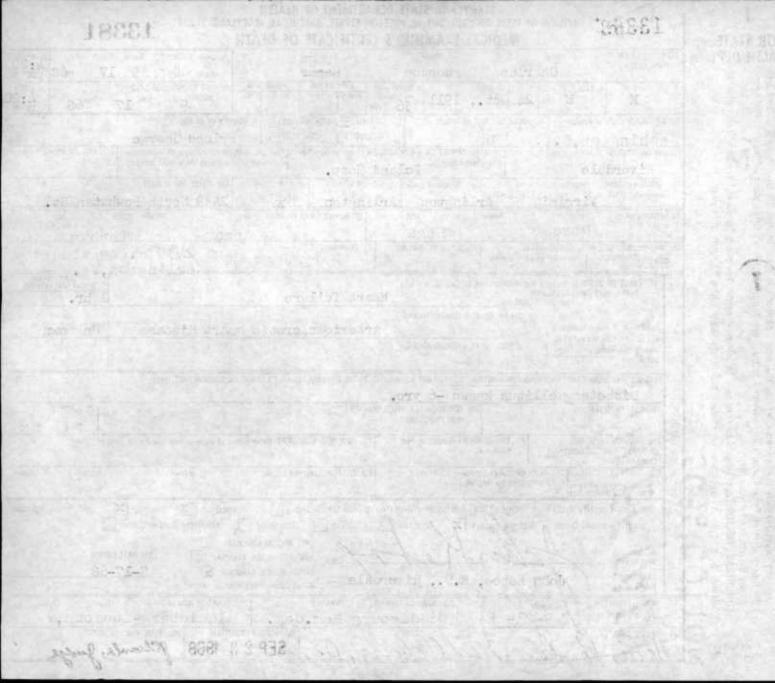
Health priar ta burial, crematian, or remaval, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit 5 may be retained far yaur files.

MARYLAND STATE DEPARTMENT OF HEALTH 13368 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13381

| | ^(1 | OECEASED NAME First Middle Herga (Type or Print) Charles Roscoe Hager | | | | | 2a. DATE KNOW OF ESTI- DEATH MATEL | = 0 | Doy 17 | Year 1968 | 26. HOUR 4:20 0m M | | | |
|---|---------------|---|---|---|-----------------------------|---|--|---------------------------|-----------------|--|--------------------------|------------------------|-------------------------------------|------------------|
| | 3. SE | M | W | S. DATE OF BIRT | , 1911 | 6. AGE (In years last birthday) 56 YF | MONTHS | EAR IF UNDER AYS HOURS | 24 HRS. MIN. | 2c. DATE PRONOL Manth 9 | NCED DEAD Day 1 | 7 | Year 6x8 | 2d. HOUR 4:20 |
| | coun W & | BIRTHPLACE (Stotem) Shing ITY OR TOWN O | ton.D.C. | CITIZEN OF WHA | | WI | ARRIED NEV | DIVORCED | 1 | NTY OF DEATH Prince G | | | | Md. |
| 3 | | Riverd | lale | give st | reet oddress) | Leland | Hosp. | durin | g most at | CUPATION (Kind of Working life, eve | | | KIND OF BUSI STRY | AF22 OK |
| 3 | 13a. ac | USUAL RESIDEN dmission) STATE | CE (Where deceosed | lived, if institut 13b. COUNTY Ar | ion: Residence | before 13c. CI | or town ington | 13d. INSIDE CITY | | 13e. STREET AND 2439 No | | z.rh o s | ton Ct | |
| 3 | 14. F | ATHER'S NAME | First Roscoe | Middle | Ha | Lost | | MAIDEN NAME | First An | | Middle | | lost ham | |
| | 160. V | WAS DECEASED EV es, no, or unknow | (If yes give war | CES? or dates of service) | 16b. SOCIAL SECL | ~ | 17. INFORMANT | ry Jan | | aga 24M | | OW. | hatan | |
| | | | DEATH (Enter only of DEATH WAS CAUSED 8 IMMEDIATE | Y: CAUSE (a) | | Не | eart fa | lure | | | | 1 | APPROXIMATE IN BETWEEN ONSET IN THE | |
| A TRANSPORTER | | DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. 4200 | | | | | | | | | | | | |
| 9 | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Diabetes mellitus known -6 yrs. | | | | | | | | | | | | |
| 2 | CERTIFICATION | 19o. DATE OF O | | | 19b. CONDITION WAS PERFO | FOR WHICH O | PERATION | | | | | 20. AUTOPSY? YES □ NO | | |
| | MEDICAL CER | 21o. EXTERNAL PRIMARY O CAUSE OF DEAT | R CONTRIBUTING | 21b. TIME OF II HOUR A.M P.M | | ογ, Yeor 19 | 21c. HOW INJU | RY OCCURRED (E | nter natu | re of injury in Par | 1 or Part 2, | Item 18 | .) | |
| | ME | 21d. INJURY OC WHILE AT WORK | | CE OF INJURY (A y, office building | t home, form, s , etc.) | treet, | 21f. LOCATION | treet or R.F.D. No | | City ar Town | | Col | unty | State |
| 22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection | | | | | | | | | apinian | | | | | |
| X | | EXAMINER'S NAME (Type) | | Kehoe, | м.б., | Riverd | lale | ADDRESS(Stree | t, city, to | wn, or county) | _7-2 | 7-68 | 8 | |
| | B | BURIAL, CREMA REMOVAL (Spec BUTIEL | ify) / 9- | 21 - 68 | | | RY OR CREMATO LIG Me. | n.Cem. | 1 | LOCATION (City o | irg-I | | loun, V | ote) |
| | 24. | FUNERAL DIRECT | Rombo | . M | uidal | Cen | g, O. | 2So. REC | | | ACCE A | | TURE Judge | |

VR A15ME (5) 10M REV. 1/68



FOR STATE HEALTH DEPT. delay is ond 3 to puo P.M3. Give Pages

hours within permit. buriol-transit ony .= 0 removal, nsed 0 3 should cremotion,

DIRECTOR: Poge burial, prior 5 moy O FUNE Health

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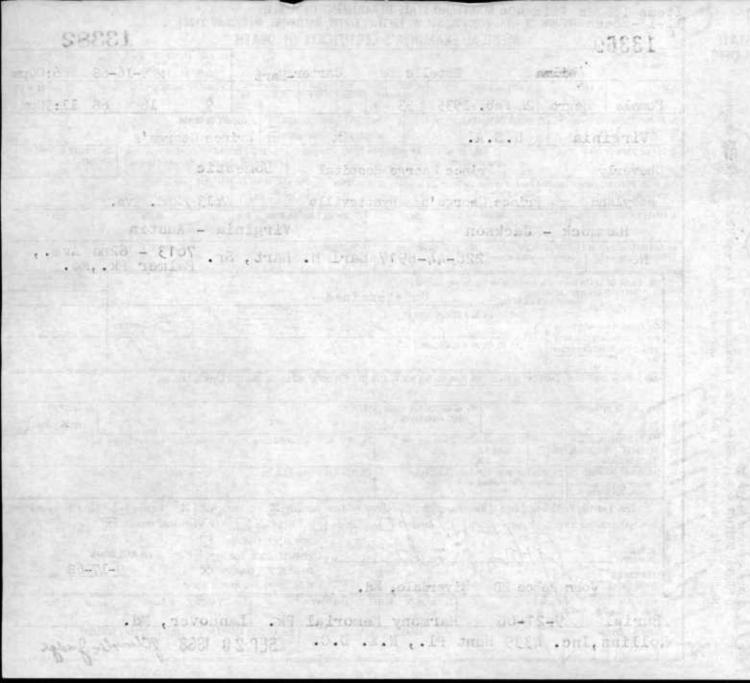
please execute the certificate, writing the word

4 should be

18&22a Film 406 MARYLAND STATE DEPARTMENT OF HEALTH 1-13-68ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH First Middle 2a. DATE KNOWN Manth 2b. HOUR (Type or Print) OF ESTI-DEATH MATED \$ 9-16-68 Wilma. Carter_Hart 19 6 00 DIM Estelle IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) Negro 24 Feb. 1935 131: 50pm M Female YRS 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or fareign MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Virginia U.S.A. DIVORCED WIDOWED 3 Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Prince George Hospital during most of working life, even if retired.) INDUSTRY Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Prince George's YES NO 7613 82nd. Ave. Hvattsville 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME Middle Virginia -Austin Hammock - Jackson 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? rd. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, nnountroun) (If yes give war or dates of service) 228-44-8917 17. INFORMANT Earl H. Hart, Sr. 76 APP 82nd Ave. Palmer Pk. . Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Undetermined IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION 19a. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? YES TO NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy [3], Inspection X Inquiry [and in my apinian 7 Accident Natural causes Suicide | Homicide death resulted from: Undetermined manner X CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 9-17-68 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** ADDRESS(Street, city, tawn, ar county) NAME (Type) John Kehoe MD Riverdale, Md. 23g. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial Harmony Memorial Pk. Landover, Md. 2SG. REC'D BY REGISTRAR DATE SEP 2 0 Rollins, Inc. 4339 Hunt Pl., N.E.

VR A15ME (5) 1 10M REV. 1/68



FOR STATE HEALTH DEPT.

y delay is and 3 to Pode P.M.3 O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State De with form ve Pages Heolth prior to burial, cremotion, or removal, and in any event within 72 haurs after death. DICAL EXAMINER: This certificate should be executed within 24 hour necessary, please execute the certificate, writing the word "pending" in pencil in Item. the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Offi 5 may be retained for your files. TO DEPUTY

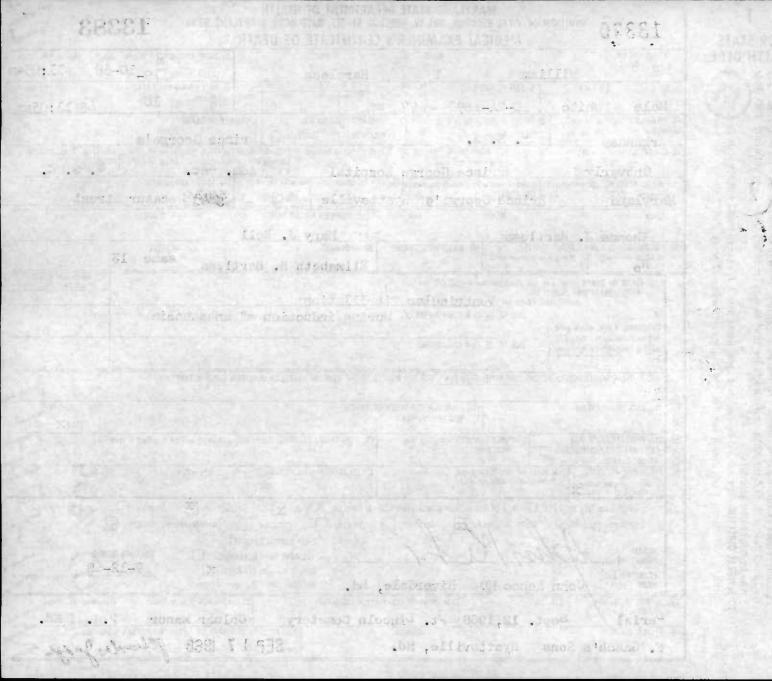
VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

13370 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13383

| | DECEASED-NAME | Firs | đ | Midd | le | | Last | | | 2a. DATE | | Aanth [| | ear | 2b. HOUR |
|---------------|-------------------|-----------------------------------|-----------------------------------|------------------------------|-----------------|-------------|------------|------------------|-------------|--------------|--------------------|-------------|-------------|-------------|----------|
| | (Type ar Print) | Wil | liam | T | | Hart | less | | | | MATED 9 | _10- | -68 | 19 17 | :05am |
| 3. 5 | SEX | 4. RACE | S. DATE OF BIR | TH TH | 6. AGE (In year | rs IF UND | ER 1 YEAR | IF UNDER | | | PRONOUNCED DE | AD | | | 2d. HOUR |
| | Male | White | 10-24- | 1 800 | last birthday) | RS. MONTHS | DAYS | HOURS | MIN. | Manth | 10 | у | Year | ררי | 05am |
| | BIRTHPLACE (State | | 7b. CITIZEN OF WH | | | MARRIED 🗐 | AIFVED MAI | DDIED [| 9 (011 | NTY OF DE | ATH | | 00. | | OJain |
| cau | ntry) | The second | | | | IDOWED [| | RCED | | | | | | | |
| 10 | Arkansa | DEATH | U. S. | AME OF HOSPITA | | | | - | | | George 1 | | 12b. KIND (| OE BLISTA | Md. |
| 4 | | A TOTAL | give s | treet address) | | | - | | mastaf | warking l | ife, even if retir | | NDUSTRY | | |
| - | Cheve | | Pri | nce Geo | orge Ho | spita | 1 12 | d. INSIDE CITY I | Adm | l. "S1 | T AND NUMBER | | 0. | S. G | ř. |
| | | Lt (Where deced | sed lived, if institu | itian: Kesidence | befare 130. C | | | | | 540.3 | , | | | 1. | |
| | dry land | | HIST WORK C | | | tsvil | | YES N | | - Civia | Decat | | tree | | |
| 14. | FATHER'S NAME | First | Middle | | Last | IS. MOT | HER'S MAII | DEN NAME | First | | Middle | | | Last | |
| | Thoma | s J. Ha | rtless | | | 10 10 | Mary | J. B | ell | | | | | | 1 |
| | WAS DECEASED EV | | FORCES? war or dates of service) | 16b. SOCIAL SEC | URITY NO. | 17. INFOR | MANT | | | | ADDRESS | 417 | | | |
| - | Yes, no ar unknaw | (it yes give | war or dures or service) | | | Eliz | abet | h H. | Hart | less | same | #13 | 0 | | |
| | | | nly ane cause per li | ne far (a), (b), a | and (c).) | | | | | 1151 | | | | ROXIMATE II | |
| | PART 1. D | EATH WAS CAUSE | ED BY: NATE CAUSE (a) VE | ant ricu | lar fil | orilla | tion | | | | | | | | |
| | 1427 | - | (/ | AS A CONSEQUE | | | | ction | of | anag | thesia | | 5.91 | | |
| | | ny, which gave |) " | | D(| TI TIIE | TIMU | COTOI | · OI | anco | oncora | | 13.79 | | |
| | | iate cause (a), derlying cause | DUE TO, OR | AS A CONSEQUE | NCE OF | | | | | | DALL | | | | |
| | last. | dellying couse | | | | | | | | | | | 1.1 | | |
| | DADT 2 OTHER | CICANEICANT CON | DITIONS CONTRIBUTI | INC TO DEATH D | IT NOT DELAT | ED TO THE T | EDAMINAL D | ICEACE OD (| CONDITIO | AL CIVEN IN | DADT 1/a) | | | | |
| | 14 3 2 1 | DIGNIFICANT CON | MIONS CONTRIBUTI | ING TO DEATH B | UI NUI KELAI: | ED TO THE T | EKMINAL D | ISEASE UK | CONDITIO | IN GIVEN IN | PART I(U) | | | | |
| NO. | 19a. DATE OF O | PERATION | | 19b. CONDITION | FOR WHICH | DEPATION. | | | | | | - | 120 A | UTOPSY? |) |
| S | Tru. Date of o | LICATION | | WAS PERF | | DI EKATION | | | | | | | | ES DE | NO 🗍 |
| CERTIFICATION | 21g. EXTERNAL | ALICE WAS | 21h TIME OF | INJURY Manth, D | ov Year | 1214 HOW | INITIDY OF | CLIDDED /En | tor natu | ro of injune | in Part 1 ar Pa | art 9 Itos | | 12 2 | 140 |
| | | R CONTRIBUTING | | | uy, roui | 210. 11011 | INJUNT OC | COKKED (EII | ilei ilaiui | re ar injury | ili raii i ai ra | 111 2, 1161 | 11 10. | | |
| MEDICAL | 21d. INJURY OC | | P. ACE OF INTERVAL | | 19 | OIL LOCAT | IONI CATTO | D C D N- | | Cin | - T | | Country | | £4-4- |
| 2 | | | PLACE OF INJURY (A | at name, tarm, : g, etc.) | street, | 211. LOCAT | ION Street | or R.F.D. Na | | City | ar Tawn | | Caunty | | State |
| 100 | AT WORK A | | | | | Traine's | | | | A017.72 | | | | 200 | AL MILE |
| 10 | | | took charge of t | | | | in Auto | psy 🗶 , | Ins | pection | , Inqui | ry 🔲, | , and | in my | apinian |
| | deoth re | sulted from: | Maturol cays | ses x, A | dent 🗌 | , Suicid | e, | Homicio | le 🔲, | Undet | termined ma | nner [| | | |
| | | 1/2 | 1 10 | 1 | , | | CHIE | EF MEDICAL | EXAMINE | ER 🗌 | | | | | |
| | SIGNATURE _ | Ah | m | 11 | 4 | | M.D. ASSI | ISTANT MED | ICAL EXA | MINER [| | DATE SI | | | |
| | EXAMINER'S | // | | | | | DEP | UTY MEDICA | AL EXAMI | NER K | | 9-12 | 2-68 | | 7 7 7 |
| | NAME (Type) | /John | Kehoe M | Rive | erdale | Md. | ADD | RESS(Street | , city, ta | wn, ar cau | nty) | 270 | - 3% | | |
| 230 | BURIAL, CREMA | 110ly, 23b | . DATE | 23c. NA | ME OF CEMET | RY OR CREA | MATORY | | 23d. | LOCATION | (City ar Tawn) | (| (Caunty) | (Sto | ote) |
| | BEMOVAL (Spec | Se | pt. 12,19 | 968 Ft | Linc | oln C | emete | ry | Co | olmar | Manor | F | P.G. | Me | d. |
| 24 | FUNERAL DIRECT | | | | ADDRESS | | | 2Sa. REC' | D BY REC | GISTRAR | 2Sb. REGIST | | | | |
| | F. Gasc | h's Son | s Hyat | tsville | , Md. | | | DATSE | PI | 7 196 | is get | work | es ge | edge | |



FOR STATE HEALTH DEPT. y delay is and 3 to Page M3 necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Page DICAL EXAMINER: This certificate should be executed within 24 hours after death the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with 5 may be retained far your files. Health priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death.

13371

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

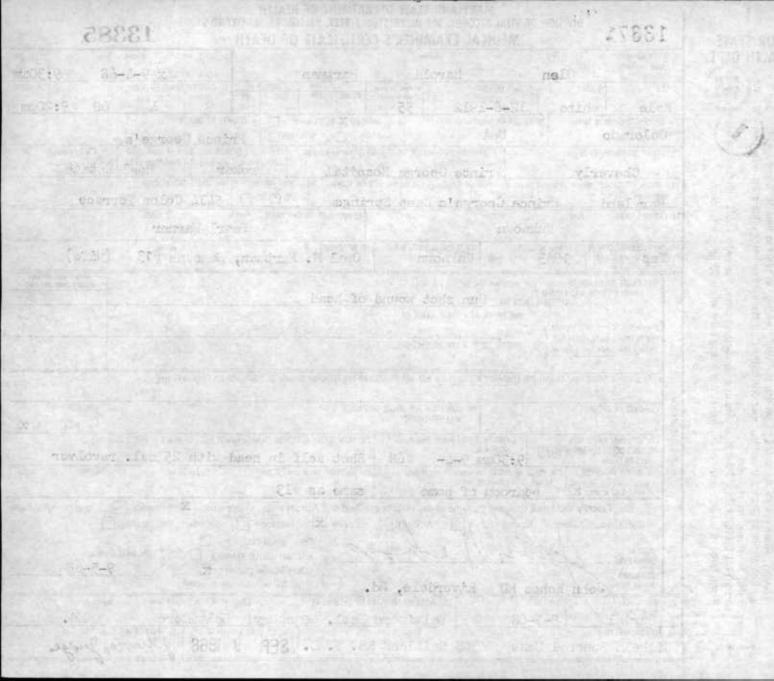
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13385

| 1. DECEASED-NAME | Fire | st | Middle | | Last | | 747 | 2a. DATE KNOWN | Month | Doy | Year | 2b. HOUR |
|---|-------------------|--|--|--------------|--------------------------|---------------------------------------|----------------------|--|------------|-----------------------------|----------------------------|------------|
| (Type ar Print) | Gle | n | Harold | | Hartman | | | OF ESTI- DEATH MATED 1 | 9-4- | 68 | 19 9 | 30am |
| 3. SEX | 4. RACE | S. DATE OF BIR | TH 6. AC | GE (In years | MONTHS DAYS | IF UNDER | 24 HRS. | 2c. DATE PRONOUNCED | DEAD | | | 2d. HOUR |
| Male | White | 12-6-1 | | | | HOUKS | min. | Manth 2 | Day | 68 ^{eq} | 19 9: | 20pm M |
| 70. BIRTHPLACE (SI | | 7b. CITIZEN OF WH | AT COUNTRY? | B. M/ | ARRIED NEVER MA | ARRIED 🗌 | 9. COU | NTY OF DEATH | 7 | 7 | | |
| ou Odlora | do | USA | | | | ORCED 🔲 | Pr | rince Georg | ge 's | | | Mo |
| 10. CITY OR TOWN | verly | give s | AME OF HOSPITAL OR I treet address) ince Georg | е Но | spital | l 12a. U during | SUAL OC | CUPATION (Kind of wo working life, even if er | ork dane | 12b. KIN INDUSTR Esta | ND OF BUSI RY ate | NESS OR |
| 130. USUAL RESID | ENCE (Where deced | sed lived, if institu | tion: Residence befor | e 13c. CIT | Y OR TOWN | 3d. INSIDE CITY | | 13e. STREET AND NUM | BER | | | |
| odmission) STA Mary la | nd P | rince Geo | rge's Cam | p Sp | rings | YES T | 10 🗌 | 5414 Cold | on Te | rrac | e | |
| 14. FATHER'S NAME | First | Middle Jnknown | Lost | | 15. MOTHER'S MA | IDEN NAME | First Pe | arl Warner | ddle | | last | |
| 160. WAS DECEASED (YES) or unkn | | FORCES? | 16b. SOCIAL SECURITY Unknown | NO. | 17. INFORMANT Opal M. | Hart | nan, | Same as # | 13 | (Wi | fe) | |
| PART I 954 Canditians, rise ta imm | | ED BY: IATE CAUSE (a)C DUE TO, OR | ne for (a), (b), ond (c) Fun shot w AS A CONSEQUENCE O | ound | of head | | | | | | APPROXIMATE TWEEN ONSET | |
| PART 2. OTHE | R SIGNIFICANT CON | DITIONS CONTRIBUTI | NG TO DEATH BUT NO | T RELATED | TO THE TERMINAL | DISEASE OR (| CONDITIO | N GIVEN IN PART 1(0) | | GB | | |
| 190. DATE OF | OPERATION | | 19b. CONDITION FOR WAS PERFORMED | | PERATION | | | | | 20 | O. AUTOPSY YES | /? NO 🔀 |
| PRIMARY X CAUSE OF DE 21d. INJURY | OCCURRED 21e. | HOUR A.I 9:30am PLACE OF INJURY (actory, affice buildin | 19 | 68 | Shot sel | f in | head | re af injury in Part 1 c 1 with 25 City ar Tawn | | | olver | Stote |
| | NOT WHILE T | | of home | | same as | | | | | | | |
| | resulted from: | | he remains describ | | Suicide X, | Homicio IEF MEDICAL SISTANT MED | Ie, EXAMINE HCAL EXA | ER | | SIGNED | | y apinian |
| EXAMINER' NAME (Typ | | shoo MD | Riverdale | Mel | | PUTY MEDICA DRESS(Street | | NER KI | - | 9-5- | -08 | |
| 23a. BURIAL CREI | LANGE TO | ehoe MD | 23c NAME O | E CEMETER | Y OR CREMATORY | | | LOCATION (City or To | wn) | (Caunty | y) (S | tate) |
| REMOVAL (SI Buria | writul | -9-68 | | | Natl. Ce | meter | | Baltimore | 1 | | Md. | / |
| 24. FUNERAL DIR | | -7-00 | ADDI | | Na.UI. | 2So. REC | D BY REC | GISTRAR 25b. RI | EGISTRAR'S | SIGNATU | JRE | |
| Wilhelm | Funeral | Home 4 | 308 Suitl | and] | Rd. S. E. | SEP | 9 | 1968 20 | leasel | a & | udge | |

VR A15ME (5) 10M REV. 1/68

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 3284 13372 CERTIFICATE OF DEATH DECEASED-NAME 2a. DATE OF DEATH First Middle Last (Type ar-print) Month 9 Doy Ame 5 remave carban papers. Pages I 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) 7a. BIRTHPLACE (State or foreign 9: COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) campletely filled in signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban papers burial, crematian, ar remaval, and in any event, within 72 l WIDOWED X DIVORCED NCE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done give street oddress) during mast of working life, even if retired.) requires that the death certificate be executed with 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war ar dates of service) Yes, no, ar unknawn) NONE PARIE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave ENERA rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO | by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 21e. PLACE OF INJURY Street or R.F.D. No. City or Tawn While Nat while ot wark at wark ATTENDING 220. I certify that (1) (this hospital) attended the deceased fram sow the deceased alive on. be retained directar, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATUR STAFF PHYS. DIRECTOR O HOSPITAL 22e. ADDRESS 22d. PHYSICIAN'S

VR A15 (4) 30M REV.

BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) State County 51968, and that in (my) (our) opinion death occurred on the date and hour and from the 22c. DATE SIGNED NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION

2b. HOUR

IF UNDER 24 HRS

HOURS

Lost

53

Yeor 68

DAYS

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

MONTHS

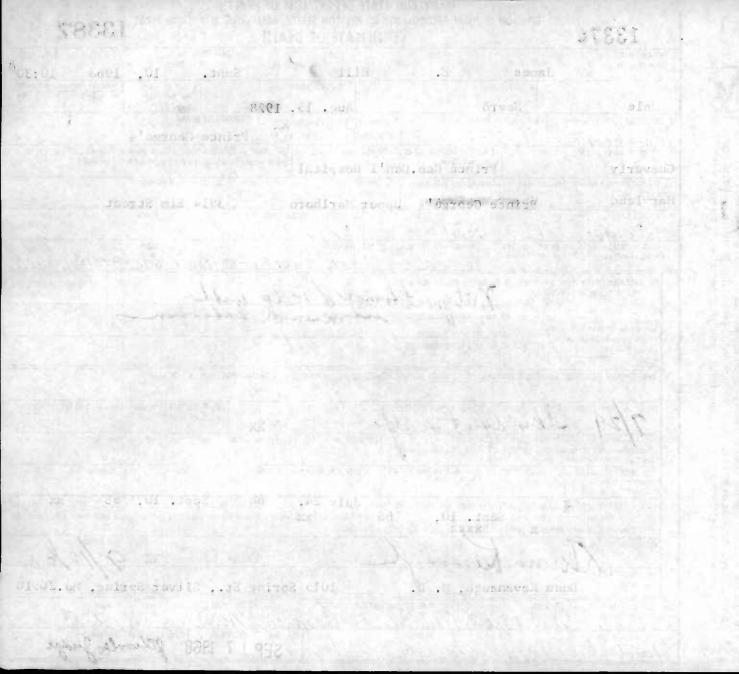
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

8 Tems MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 20. DATE KNOWN (Type or Print) OF ESTI-Hewitt Frank 1968 DEATH MATED C 50 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR pup Nov. YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Prince George WIDOWED DIVORCED EC New York Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR with give street address) Prince George Hosp during most of working life, even if retired.)
Retired INDUSTRY Give Cheverly 13a. USUAL RESIDENCE (Where deceased liyed, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER J3b. COUNTY YES X NO 207 Charldon Rd Linchburg tem 14 FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First Edward Hewitt Alma Winch 24 5 pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) Thomas E Hewitt Lynchburg, Va. APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Heart failure Minutes IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gave Arteriosclerotic heart disease over 2 mons. rise ta immediate couse (a). certificate should the word DUE TO. OR AS A CONSEQUENCE OF stoting the underlying couse E PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) forwarded writing or removal. CERTIFICATION pesn 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. NO X YES 🗀 should be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE T burial. 22a. I certify that I taak charge of the remains described abave, held an Autopsy Inspection X Inquiry X and in my apinian Suicide death resulted fram: Notural Quses VX Acciden Homicide Undetermined monner be retained prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE John Wence. Riverdale 9-10-68 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Heolth NAME (Type) ADDRESS(Street, city, tawn, or caunty) 0 23a. BURIAL, CREMATION #3b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) 9/12/68 Amherst Cemetery Amherst Va ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR F. Gasehs Funeral Home Hyattsville MARSEP

VR A15ME (5) 10M REV. 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Manth E. Hill James 1968 Sept 4. RACE 5. DATE OF BIRTH AGE (In years last birthday) IT UNDER 1 YEAR IF UNDER 24 HRS. 3. SFX MONTHS OAYS HOURS Male Negro Aug. 13, 1928 20 LA YRS. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED XX DIVORCED [Prince George's WIDOWED [requires that the deoth certificate be executed within 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address Prince Geo.Gen'l Hospital during most of working life, even if retired.) INDUSTRY Cheverly 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? J3b COLINTY odmission) STATE Maryland NO Prince George's 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First seorger please and physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) or removal, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit p Conditions, if only, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO XX for use Health O FUNERAL DIRECTOR: After this certificate be retoined by the hospitol or 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR AS (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City ar Town Caunty State While Nat while at work 22a. I certify that (this haspital) attended the deceased fram July 24, 1968 to Sept. 10, 1968 __19.68, and that in (20x) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an Sept. 10, 1968, and that causes stated abave, (b) (we) (did) (disposs) view the bady after death. 22c. DATE SIGNE 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS. PHYS. PHYSICIAN" 22e. ADDRESS NAME (Type) 1015 Spring St., Silver Spring, Md.20910 Dunn Kavanaugh, directar,

VR A15 (4) 30M REV, 1/68 MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

y delay is and 3 to

Health prior to burial, cremation, or removal, and in any event within 72 hours after death

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit file pages land 2 with the

VR A15ME (5) 10M REV. 1/68

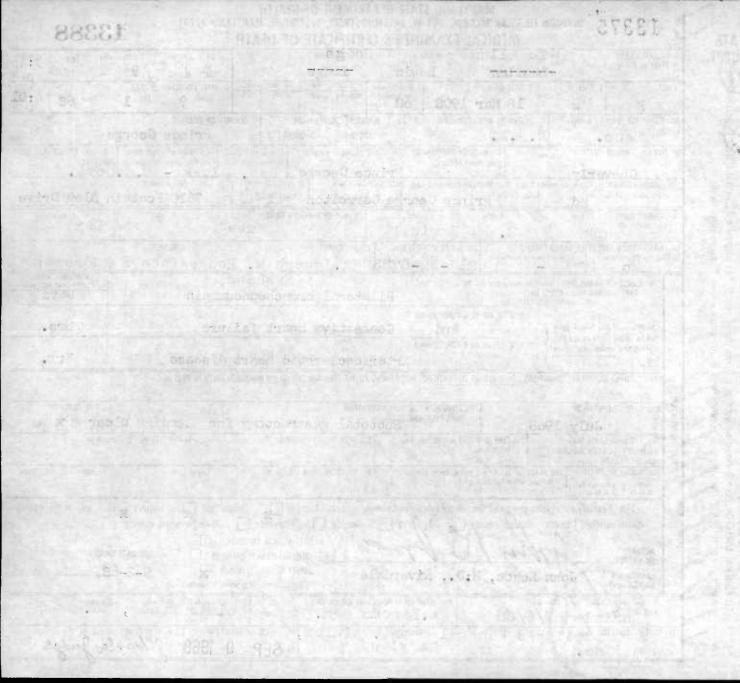
necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pag SICAL EXAMINER: This certificate should be executed within 24 hours after death the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RE 13375

MEDIC

| OKDS, 301 W. PRESTON STREET, BALTIMORE, MARTLAND 21201 | 4.0,00,0 |
|--|----------|
| AL EXAMINER'S CERTIFICATE OF DEATH | 13388 |

| | ECEASED-NAME Type or Print) | First Lu Ella | n Middle | HOO B Clost | | 2a. DATE KNOWN Month | Day Year | 263 HOURS | | | | |
|-----------------------|---|---|----------------------------------|--------------------------|-------------------------|--------------------------------------|------------------------------------|-------------|--|--|--|--|
| 1 | Type of Film) | -Luchian | Lewis | -Lodge | | OF ESTI- DEATH MATED 7 | 1 1968 | D M | | | | |
| 3. S | EX 4. RACE | S. DATE OF BIR | TH 6. AGE (In) | rears IF UNDER 1 YEAR | IF UNDER 24 HRS. | 2c. DATE PRONOUNCED DEAD | | 2d. HQUR | | | | |
| | FW | 18 Ma | r 1908 6. AGE (in y light birthd | YRS. DAYS | HOURS MIN | Month 9 Doy 1 | Year 1968 | 4:01 p M | | | | |
| | BIRTHPLACE (State or foreign | 7b. CITIZEN OF WH | AT COUNTRY? 8. | MARRIED NEVER MA | ARRIED 9. COU | INTY OF DEATH | | | | | | |
| caun | Tenn. | U.S.A. | | WIDOWED DIV | ORCED 🔲 | Prince Georg | ge | Md. | | | | |
| 10. (| ITY OR TOWN OF DEATH | | AME OF HOSPITAL OR INSTITU | JTION (If not in hospito | 120. USUAL OC | CUPATION (Kind of work done | 12b. KIND OF BUSIN | IESS OR | | | | |
| | Cheverly | give s | treet address) | ince George | e Ret | f working life, even if retired.) | INDUSTRY COVT | | | | | |
| 13a. | USUAL RESIDENCE (Where d | eceased lived, if institu | tion: Residence before 13c. | CITY OR TOWN | 3d. INSIDE CITY LIMITS? | 13e. STREET AND NUMBER | 0010 | | | | | |
| 0 | dmission) STATE Md | 13b. COUNTYP | rince George | Carrolton | YES 🖈 NO 🗆 | 7610 Fontai | in Bleu Di | rive | | | | |
| 14. F | ATHER'S NAME First | Middle | | 15. MOTHER'S MA | IDEN NAME First | Middle | Lost | | | | | |
| | Frank | W. | Lewis | | Kate | 9 | Day | | | | | |
| | WAS DECEASED EVER IN U.S. AR es, na, ar unknown) (If y | MED FORCES? es give war ar dates of service) | 16b. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS | GETEUR? | | | | | |
| | No No | ez dise moi oi ogiez oi zeisice) | 217-52-672 | 23 Mr.Jos | | Hodge (above | | | | | | |
| | 18. CAUSE OF DEATH (Ent | | | | (Husband | | APPROXIMATE IN BETWEEN ONSET AN | | | | | |
| | PART I. DEATH WAS C | AUSED BY: MEDIATE CAUSE (a) | В | ilateral b | ronchopne | umonia | Days | S | | | | |
| | 4129 | | AS A CONSEQUENCE OF | | | | | | | | | |
| 100 | Canditions, if any, which g | | and C | ongestive : | heart fai | lure | Hrs | | | | | |
| 18 | rise to immediate cause (stating the underlying ca | ying cause DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | lost. | —) | Art | eriosclero | tic heart | disease | Yrx | • | | | | |
| | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTI | NG TO DEATH BUT NOT REL | ATED TO THE TERMINAL | DISEASE OR CONDITIO | ON GIVEN IN PART 1(a) | | | | | | |
| z | 4200 | | | | | | | | | | | |
| ATIO | 190. DATE OF OPERATION | | 19b. CONDITION FOR WHICH | | | | 20. AUTOPSY? | | | | | |
| TIFE | July | 1968 | WAS PERFURMED! Su | btotal gas | trectomy | for bleeding u | lcer YES EX | NO 🗌 | | | | |
| MEDICAL CERTIFICATION | 210. EXTERNAL CAUSE WAS | | INJURY Manth, Day, Year | 21c. HOW INJURY C | CCURRED (Enter natu | re af injury in Part 1 ar Port 2, It | rem 18.) | | | | | |
| DICAL | PRIMARY OR CONTRIBUT | ING ROOK A. | | To the same | | | | | | | | |
| ME | | 21e. PLACE OF INJURY (, foctory, office buildin | | 21f. LOCATION Stree | ar R.F.D. No. | City ar Tawn | County | State | | | | |
| | WHILE NOT WHILE AT WORK AT WORK | lociory, office bollain | g, etc.) | | -210 F 10-3 | | AT BUTTON | | | | | |
| | 22o. I certify the | ot I took charge of the | ne remoins described o | bove, held on Aut | opsy Ins | spection 🗐 , Inquiry 🐷 | , and in my | opinion | | | | |
| | deoth resulted from | m: Notural cous | es Accident |], Suicide [], | Homicide | | | | | | | |
| 1 | ALC: NO. | 1 4 | / // | /2 CH | IEF MEDICAL EXAMIN | ER 🗌 | | | | | | |
| 7 | ACTUAL SIGNATURE | 110m.1 | Utt | M.D. AS | SISTANT MEDICAL EXA | AMINER 22b. DATE | SIGNED | | | | | |
| | | hn Kehoe. | M;D., Riverd | | PUTY MEDICAL EXAMI | | 68 | | | | | |
| | NAME (Type) | 7111 1101100; | | AD | DRESS(Street, city, to | iwn, ar caunty) | | | | | | |
| | BURIAL, CREMATION, REMOVAL (Special | 9/5/68 | Ft.Line | etery or crematory | | Olmar Manor, | (County) (Sta | nte) | | | | |
| 24. | FUNERAL DIRECTOR Na 1 | ley's Fur | | .Rainier | 1 | | | erri | | | | |
| | Home Inc. | | Maryl | and | DATISEP | 9 1968 Jelian | cas Judge | 4 | | | | |



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban paper should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.

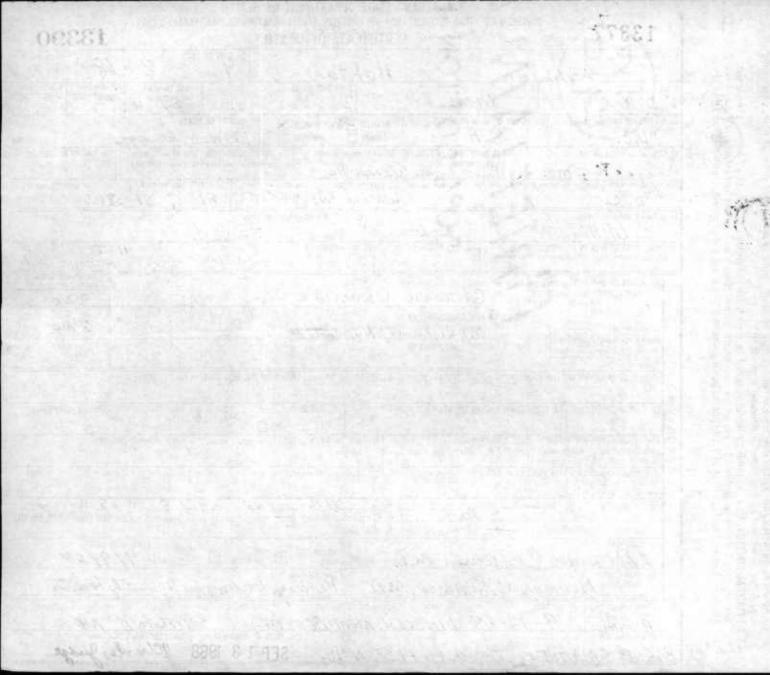
VR A15 (4) 30M REV. 1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

| | 13376 | | DIAISION OF | VITAL RECURDS, | | CATE OF | | MUKE, INA | KILAND ZIZO | . : | [33 | 89 | |
|---------------|---|------------------------------|--------------------------|---|--------------|---------------|----------------------|----------------|---------------------------------|-----------|----------------------|--------------|--------|
| | ECEASED-NAME Type or print) | First | | Middle | | Last | | 2a. DATE O | | D | . V | 2b. H | |
| (| Type or print) | Mar | y Jane | Hofstetter | | | | 9 | Month 3 | Day 68 | S Yeor | 3:3 | OPM |
| 3. SI | | | 4. RACE | | 3111 | 5. DATE OF E | | 950 | 6. AGE (In years last birthdoy) | MONTH. | DER 1 YEAR | #F UNDER 2 | 4 HRS. |
| | Female | | Cauc | • | | 2-26 | 0-03 | | | RS. | 13 0013 | nouks | 71113. |
| | BIRTHPLACE (State or fare | eign 7 | b. CITIZEN OF WH | AT COUNTRY? | 8. MARRIED | NEVER MA | RRIED | 9. COUNTY O | F DEATH | | | | |
| Va: | shington, D | . C. | USA | | WIDOWED | | RCED 🔲 | | ce George | | | 7 | Md. |
| 10. (| CITY OR TOWN OF DEATH | | nive s | ME OF HOSPITAL OR INS treet oddress) | | | during mg | | (Kind of work do | | b. KIND OF DUSTRY | BUSINESS (| OR |
| | iverdale | | Eu | gene Lelan | | | losp. | Ho | usewife | , | home | | |
| 13a. adm | USUAL RESIDENCE (Where | e deceased | lived, if instituti | an: Residence befare | 13c. CITY O | R TOWN | 13d. INSIDE CITY LIN | | TREET AND NUMBER | -V 8 | | | |
| | ission) STATE Mary | | 1 | rince Geo. | | | 2000 | | 17 55 th P1 | | | | _ |
| 14. 1 | FATHER'S NAME First | | Middle | Lost | | S. MOTHER'S A | NAIDEN NAME FI | | Middle | | | Last | |
| | Jo. | | Isac | Harri | | INCORMANT | MC | olly | | | r | Ridge | way |
| | . WAS DECEASED EVER IN (es, na, ar unknawn) | U.S. ARME If yes give war | or dates of service) | 16b. SOCIAL SECURITY I | | INFORMANT | - 7 D | | Addres | 5 | | | |
| = | | | | 577-05-06 | | Meal | cal Reco | oras | | | APPROXI | MATE INTERVA | |
| -3 | 18. CAUSE OF DEATH (PART I. DEATH WA | Enter only | ane cause per lir BY: | e for (a), (b), and (c). | MAR | MIADU | 000 | 1.40 | aN | - | | NSET AND OE | |
| | | | E CAUSE (a) | | CON | 0107/107 | 000 | , , - | 01- | | IMM | EDIA | 10 |
| 1 | Conditions, if ony, which | rh gove \ | DUE TO, OR A | S A CONSEQUENCE OF | ARTE | SID C | PIFER | TIC | CARDIO | _ | 114 | KNO | 2 |
| | rise to immediate cou | se (o), (| (b) | C A CONCEQUENCE OF | 71.016 | 70.03 | CLUNO | 75000 | AR DISE | 200 | 0,0 | 2100 | 101 |
| | stating the underlying last. | couse | | S A CONSEQUENCE OF | | | V | AJCOL | THE DISC | 243 6 | | | |
| | PART 2. OTHER SIGNIFIC | ANT COND | (c) | TING TO DEATH BUT N | OT RELATED 1 | O THE TERMIN | AL DISEASE OR CO | ONDITION GIV | EN IN PART 1(a) | | | | |
| | 4201 | | | | | | | | | | | | |
| CERTIFICATION | 190. DATE OF OPERATION | 19b. CC | ONDITION FOR WH | CH OPERATION WAS PE | RFORMED | 20a. AUT | OPSY? | | F YES, WERE FINDIN | GS CONSID | ERED IN C | ERTIFYING | |
| FIC | | | | | | YES | NO 🔽 | CAUSE | S OF DEATH? | | | | |
| CER | 21a. ACCIDENT WAS UN | | | | | IOW INJURY OF | CURRED (Enter | noture of inju | ury in Part 1 or Por | 2, Item I | 8.) | | |
| MEDICAL | OR CONTRIBUTING CAU | | | Manth Day Year | | | | | | | | | |
| ME | 21d. INJURY OCCURRED | 21e. P | | AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC. | | OCATION Stre | et ar R.F.D. No. | City | y or Town | Car | unty | Sto | ate |
| | While Nat while at work of wark | | | OFFICE BUILDING, CTC. | | - | , , | · A | | | | | |
| | 22a. I certify that | (I) (this | hospital) atte | ended the decease | ed from_ | 8.2 | | 2 & , ta | | 1968 | , that | (I) (we |) lost |
| | saw the dece | ased ali | ve an | (did not) view the | body after | nd that in (r | ny) (our) apii | nion death | occurred an the | date a | nd hour | and from | m the |
| | 22b. SIGNATURE | ubuve, | (i) (we) (uiu) | (did fior) view file | body direi | deam. | | | | 22c. DATE | SIGNED | | |
| | LEED STOTE OF THE | 1. | Hou | mount | DEG | REE PHYS. | | IED. | STAFF PHYS. | 3 | SE | P. 6 | 968 |
| | 22d. PHYSICIAN'S | _ | 1 11-1 | | A 4 | 22e. AD | | 0 | | | | | |
| | NAME (Type) | (, | J. HOU | MANN | M | 1 | | ICIV | ERDALI | | MI | 10 | |
| 23a | . BURIAL, CREMATION, | 23b. D/ | ATE | 23c. NAME OF | CEMETERY OF | R CREMATORY | | 23d. LOCAT | ION (Çity ar Town) | (Co | unty) | (Stote) | |
| | REMOVAL (Specify) | Sent | 6, 1968 | Ft Li | ncoln | Cemete | ry | Colma | r Manor | Pro (| ieo | Md. | |
| 24. | FUNERAL DIRECTOR | | | Sons ADDRESS Hya | ttevi | le Md. | 2Sa. REC'D B | 0 1 | 2Sb. REGISTR | | | | |
| | | r. | dascii s | Dons Hya | UUSTI | | DATE SE | 9 1 | 1968 200 | ionl | 2 year | age. | |

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MARYLAND STATE DEPARTMENT OF HEALTH

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| | | 10000 | | ERTIFICA | TE OF DEATH | imone, mai | | 3392 | |
| - dediii | | ype or print) HOUCK | T MEdIRST SAMMY | | MOTHY | 2a. DATE OF Septen | DEATH | ⊗y Yeor 68 | 3 2b. HOUR 028A |
| | 3. SI | MALE | 4. RACE CAUC | 5. | OATE OF BIRTH 17Sep68 | | 6. AGE (In years last birthday) — YR | MONTHS DAYS | ours 23 in. |
| , | | BIRTHPLACE (State or foreign Wary land | 7b. CITIZEN OF WHAT COUNTRY? | WIOOWED 🗌 | NEVER MARRIEO | 9. COUNTY OF Prince | Georges | | Md |
| 28 | | TTY OR TOWN OF DEATH | 11. NAME OF HOSPITAL OR INS YNS기반하다(하다) Grow | USAF H | n hospital 12a. USU during m | | (Kind af wark dan life, even if retired | | BUS(NESS OR |
| In only event, | 13a. adm | USUAL RESIDENCE (Where decease ssian) STATE Md. | d lived, if institution: Residence before 13b. COUNTY Pr. Geo. | 13c. CITY OR TO Suitla | WN 13d. INSIDE CITY L nd YES ☑ No | | REET AND NUMBER 71 Penna. | Ave. A | pt. 201 |
| 1 | 14. [| ATHER'S NAME First | Middle Last | 15. M | OTHER'S MAIOEN NAME I | First | Middle | | Last |
| | 160 | Sammy WAS DECEASED EVER IN U.S. ARM | Houck ED FORCES? 16b. SOCIAL SECURITY N | 0. 17. INFO | | ONDA | . AveddrAs | BARTASI | HNICK" |
| |) Y | es, no, or unknown) (If yes give wo | ar or dates of service) N/A | | hee Sammy | | | itland N | 4d |
| | | 18. CAUSE OF DEATH (Enter an | y one cause per line for (o), (b), and (c).) | .1- | | | | APPROXIA | MATE INTERVAL NSET AND DEATH |
| | | PART 1. OEATH WAS CAUSED IMMEDIA | TE CAUSE (a) PREMATO | RITY | | | | | |
| | | Canditians, if any, which gave | OUE TO, OR AS A CONSEQUENCE OF | PATON | REPAIR | CASTO | nextisis | 5 6h | 25 |
| | | rise to immediate cause (o), stoting the underlying cause | DUE TO, OR AS A CONSEQUENCE OF | VWIIV | NOWN | G170110 | 0301100 | , 0,, | 1.3 |
| | н | last. | (c) | | | | | | |
| | | PART 2. OTHER SIGNIFICANT CON | DITIONS CONTRIBUTING TO CEATH BUT NO | T RELATED TO TH | IE TERMINAL DISEASE ORG | CONOITION GIVE | I IN PART 1(a) | | |
| | VION | 19a. OATE OF OPERATION 19b. 0 | ONOITION FOR WHICH OPERATION WAS PER | FORMEO | 20a. AUTOPSY? | 20b. IF | YES, WERE FINOING | S CONSIDEREO IN CE | RTIFYING |
| 2 | CERTIFICATION | | | | YES NO X | CAUSES | OF DEATH? | | |
| | MEDICAL CER | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin | HOUR A.M. Manth Day Year | 21c. HOW | INJURY OCCURRED (Ente | r nature of inju | y in Part 1 or Port | 2, Item 18.) | |
| | ME | 21d. INJURY OCCURREO 21e. While Not while at work | PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. | ORY.) 21f. LOCAT | ION Street or R.F.O. Na | i. City | ar Tawn | Caunty | State |
| | | 22a Leartify that XIX (thi | s hospital) attended the decease | d fram | 7 Sep , 19 (| 58, to 1 | 8 Sep | 19 68 , that | (We) las |
| | | causes stated above | ive an 18 Sep 16 (we) (wd) (did nat) view the b | ody ofter dea | th. | illion death c | iccurred on the | date and nour (| and from the |
| | | 21b. SIGNATURE | Wall Cini | DEGREE | ATTENOING A | MEO. | STAFF FEET 13 | 2c. OATE SIGNEO 8 Sep 6 | 8 |
| | | 22d. PHYSICIAN'S | NON COURS | DEGREE | 22e. ADDRESS | DIRECTOR L | rills. | | |
| 1 | | | TKINS CAPT USAF | MC | | GROW U | SAF HOS | P ANDRE | WS AFB |
| | 230. | BURIAL, CREMATION, REMOVAL (Specify) 23b. D | 07 (0 | EMETERY OR CRE | | Soph: | N (City or Town) | (County) eigh W | (State) • Va.• |
| I} /68 | 24. | FUNERAL OIRECTOR | ADORESS | | 2Sa. REC'D E | BY REGISTRAR | 25h PEGISTRA | P'C CIGNATIIPE | |
| 68 | | Wilhelm Funer | ral Home 4308 Suit | land nd. | S.E OATE SE | P 2 3 | 968 gc | liarles go | uge |

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FOR STATE HEALTH DEPT.

and 3 to ent of any delay is PM3. Page O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death an necessary, please execute the certificate, writing the word pending in pencil in Item 18. Give Pages II. Examiner's Office along with form Tand 2 with the Star iours after death. Health priar ta burial, crematian, ar remaval, and in any event within the funeral directar. Page 4 shauld be farwarded to the Chief Medical TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit 5 may be retained far yaur files. TO DEPUTY

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 4 | 3393 |
|---|------|
| 1 | 0090 |

| | DECEASED-NAME (Type or Print) | | | | | 20. DATE KNOWN Month Doy Yeor 2b. HO | | | | | | | | | |
|-----------------------|--|--|------------------------------------|---------------------|----------------|--------------------------------------|------------|----------------|------------|--|-------------|-----------|-------------|-------|-------------|
| \ \frac{1}{2} | (Type of Filli) | Elean | nor | Julian | Hou | uston | unit | z) | | OF DEATH | MATED 🔯 | 9-17 | -68 | 19 | 2:00pm |
| 3. 9 | SEX | . RACE | S. DATE OF BIR | TH 6. | AGE (In year | rs IF UNDE | R 1 YEAR | IF UNDER | | 2c. DATE P | RONOUNCED | | | | 2d. HOUR |
| T | Temale | White | 4-28-19 | | fast birthday) | RS. MONTHS | DAYS | HOURS | MIN. | Month | | Day | Year 68 | 10 P | 7:19pm |
| | BIRTHPLACE (Stote | or foreign | 7b. CITIZEN OF WH | AT COUNTRY? | | MARRIED [] | NEVER MAI | RRIED TO | 9 COU | NTY OF DE | ATH | <i></i> (| - 00 | JA . | (P T / Pam |
| | D.C. | | USA | | | IDOWED | | RCED | 1000 | rince | | 70.10 | | | AA.d |
| 10. | CITY OR TOWN OF | DEATH | | ME OF HOSPITAL OF | R INSTITUTI | ON (If not in | hospitol | 12o. L | | CUPATION (| | | 12b. KIND | OF BI | Md. |
| | Cheverly | | give s | treet oddress) | rge I | Hospit | al | during | most of | working li | fe, even if | retired.) | INDUSTRY | 01 00 | 3111E33 OK |
| 130 | . USUAL RESIDENCE | (Where deceos | ed lived, if institu | tion: Residence bef | ore 13c. CI | ITY OR TOWN | 130 | d. INSIDE CITY | | 13e. STREE | | | | | |
| I | aryland | | Prince | George's | Mt. | Raini | er | YES 3 | NO 🗌 | 3326 | Buch | nanan | Stre | et | |
| 14. 1 | FATHER'S NAME | First | Middle | Lo | tz | 1s. MOTH | IER'S MAII | DEN NAME | First | | Mid | ldle | | Lo | st |
| 12 | 1 | Vincent | Julian | 0 | | L | aure | etta | Nas | ella | | | | | |
| 160. | WAS DECEASED EVER | R IN U.S. ARMED F | | 16b. SOCIAL SECURIT | Y NO. | 17. INFORM | ANT | | | | ADDRES | is | | | |
| ~ (| res, no, or unknown No | unkn | war or dates of service) OWN | unkne | wn | Hos | pita! | lrec | ords | 5 | | | | | |
| | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hemorrhage from oesophgeal varices | | | | | | | | | | DEIWE | EN ONSE | I AND DEATH | | |
| | 57/8 DUE TO, OR AS A CONSEQUENCE OF Portal hypertension | | | | | | | | | | | | | | |
| | Conditions, if ony, which gove) From cirrhosis of liver | | | | | | | | | | | | | | |
| | rise to immediate couse (a). Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | | | |
| | last. | | | | | | | | | | | | | | |
| | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) | | | | | | | | | | | | | | |
| | 5810 | TAKE A STRUCTURE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | | | | | | | | | | | | | |
| TION | 190. DATE OF OPE | RATION | 19b. CONDITION FOR WHICH OPERATION | | | | | | | | 20 (| AUTOPS | (V2 | | |
| FI | | | | WAS PERFORMED? | | | | | | | | | | | |
| CERTI | 21o. FXTFRNAL CA | 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2.1) | | | | | | | | Dort 9 It. | YES NO X | | | | |
| MEDICAL CERTIFICATION | PRIMARY OR CONTRIBUTING HOUR A.M. | | | | | | | | | #H1 10.J | | | | | |
| MEDI | CAUSE OF DEATH 21d. INJURY OCCU | PPFD 210 F | P.A | | 9 | 214 LOCATIO | M. Strant | or D F D No | | Cia | . T | | Country | | - Co. 1 |
| | The country street, and the street st | | | | | | | | | | County | | Stote | | |
| | AT WORK AT WORK | | | | | | | | | | | | | | |
| | 22a. I certify that I taak charge of the remains described above, held on Autopsy 🔲, Inspection 📑 Inquiry 🔲, and in my opinion | | | | | | | | | | | | | | |
| | death resulted fram: Natural causes 🗷, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌 | | | | | | | | | | | | | | |
| | CHIEF MEDICAL EXAMINER | | | | | | | | | | | | | | |
| | SIGNATURE | | | | | | | | | | | | | | |
| | EXAMINER'S DEPUTY MEDICAL EXAMINER 1 9-18-68 | | | | | | | | | | | | | | |
| | NAME (Type) | John Ke | ehoe MD | Riverda | le, l | Md. | | RESS(Street | , city, to | wn, or count | ly) | | | | |
| 230 | BURIAL, CREMATIC | N, 23b. | DATE | 23c. NAME (| OF CEMETE | RY OR CREMA | ATORY | | 23d. | LOCATION | City or Tow | n) | (County) | (| State) |
| | Burial Burial | | Sept. 19 | 968 Fort | Lin | coln (| Cem | eterv | E | Blader | asbur | g, N | 1d. | | |
| 24. | FUNERAL DIRECTOR | } | | nc. 7400 | DRESS D | C 200 | 12 | 2So. REC' | D BY REG | ISTRAR | 2Sb. REG | GISTRAR'S | SIGNATURE | | |
| R | inaldi F | uneral | Home, I | nc. 7400 | Ga. | Ave. | , N | MATE | 72 | 3 196 | A K | lan | las g. | 44 | K |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120113394 13381 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH death (Type ar print) Month Year 68 NINITREG 40 WC 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS HOURS 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) DIVORCED [WIDOWED [NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done ~ 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY carbon MICANERS C. ARROLL (CRICA 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? STATE YES 14. FATHER'S NAME last Middle 1S. MOTHER'S MAIDEN NAME First please PHYSICIAN: The law requires that the death certificate 16a. WAS DEGEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, ne, of uttenawn) (If yes give war ar dates of service) 22012314 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN CINSET AND DEATH PART I. DEATH WAS CAUSED BY: ARCINOM. OF IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave signed by the burial-transit p rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the priar ta SECONDAR 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [for use af Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City ar Tawn County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram

279 of to

196 ond that in (my) (our) opinion death occurred an the date and hour and fram the be retained shauld 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS. DIRECTOR agod 22e. ADDRESS Page 4 may PHYSICIAN'S directar, pa shauld be f CARROLL MANOK 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (State) 23a. BUBIAL, CREMATIO) 2Sb. REGISTRA SUNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 1968

400 Chapin S

. 115

30M REV. 1768

11952

and 2 death

after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| Ñ | 1 | 44000 | | 1 | 11966 | | | | | | | |
|---|---|---|-------------------------------------|-----------------|----------------------|--|-----------------------------|--|---------------------------|--------------------------------|-------|--|
| | | ECEASED-NAME F | irst Middle | V. Ha | Last | 2a. DA | TE OF DEATH | | V. | 2b. HOUR | | |
| ì | ,, | Salah | Williard | 400 | ue | | 8 Manth | 3 Day | Yeor 69 | 1:00 AM | | |
| | 3. SE | EX | 4. RACE | S | DATE OF BIRTH | | 6. AGE (In) last birthd | | F UNDER 1 YEAR ONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | | |
| | 1 | Female | cuhite. | | 9/30/1 | 874 | 93 | YRS. | ONITIS | HOURS MIN. | | |
| | | BIRTHPLACE (State or foreign ntry) | 7b. CITIZEN OF WHAT COUNTRY? | B. MARRIED | NEVER MARRIED 🔽 | 9. COUNT | Y OF DEATH | | | | | |
| | 4 | Vashinaton D | CAMErica | WIDOWED | DIVORCED [| | ce 6e01 | | | ville Md. | | |
| 0 | 31 | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during mast af warking life, even if retired.) 12. USUAL OCCUPATION (Kind af work dane give street address) 13. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during mast af warking life, even if retired.) 14. INDUSTRY | | | | | | | | | | |
| | | HUAHSYILLE Carrollmanor writer | | | | | | | | | | |
| | odmi | ission) STATE Ma | 13b. COUNTY P. G. C | 13c. CITY OR TO | | 1 | se. STREET AND NU | | Da. | Apt9 | | |
| | 14. F | FATHER'S NAME First | Middle Lost | 1S. I | MOTHER'S MAIDEN NAME | First | 1 | Middle | 0 | Lost | | |
| | | Frankli | n T How | | Mari | a | France | =15 | Grif | Eith | | |
| | 160. Y | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 55 No 22044 St. M. Valentine Canal Manor | | | | | | | | | | |
| | 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) | | | | | | 4 4 4 4 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| | | PART I. DEATH WAS CAU | | 3d Myp. | | | | | | | | |
| | | 4129 | | 1 | | | | | | | | |
| | | rise to immediate cause (a). (b) and industrial bleat lessen | | | | | | | | 10 minus | | |
| | | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last. | | | | | | | Indeprite | | | |
| | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | | |
| 1 | N. | 4200 | | | | | | | | | | |
| X | CERTIFICATION | 19a. DATE OF OPERATION | ERFORMED 20a. AUTOPSY? YES NO | | | 20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH? | | | RTIFYING | | | |
| | | 210. ACCIDENT WAS UNDERL | | 21c. HOW | INJURY OCCURRED (Ent | _ | f injury in Part 1 o | or Part 2, Ite | m 18.) | | | |
| | MEDICAL | G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19 | | | | | | | | | | |
| | 21d. INJURY OCCURRED While of work of wark 21d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County | | | | | | | | | | State | |
| | | | (this hospital) attended the deceas | ed fram_8 | 127 , 191 | 68 , to | | | , that | (I) (we) last | | |
| | saw the deceased alive on 8,29 1968, and that in (my) (aux) apinian death accorred an the date and haur an causes stated abave, (1) (did (did aux) view the bady after death. | | | | | | | | | | | |
| | 7 | 22b. SIGNATURE | e a Festis | DEGREE | ATTENDING | MED. DIRECTOR | STAFF PHYS. | 22c. DA | TE SIGNES | 1/68 | | |
| 1 | | 22d. PHYSICIAN'S NAMETType | | | 22e. ADDRESS | 197 | +6 11 | 1 4 | 1 | 100 | | |

23c. NAME OF CEMETERY OR CREMATORY

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbo shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, we VR A15 (4) 30M REV. 1/68

23a. 8URIAL, CREMATION, REMOV**BUN** Sept 3, 1968 Congressional ADDRESS FUNERAL DIRECTOR

4748 Wisc. Ave.

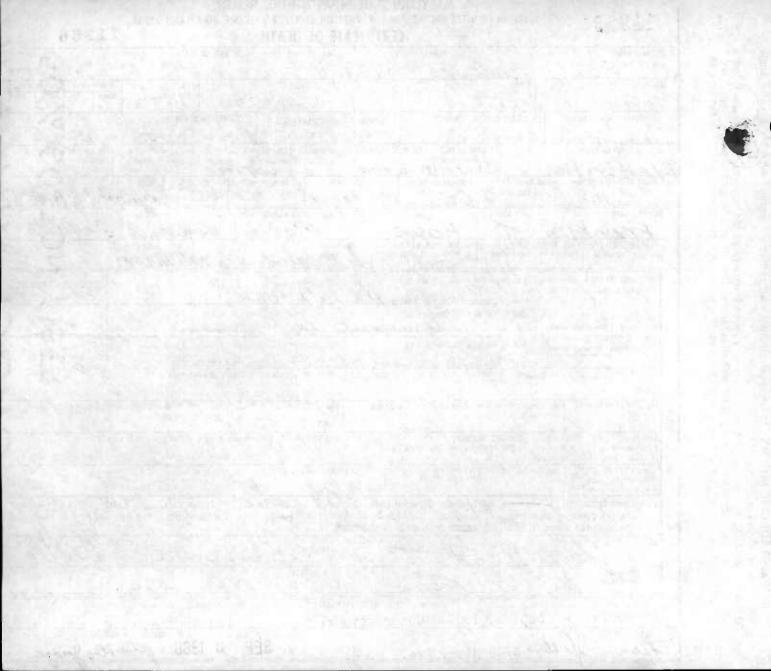
23b. DATE

Washington D C 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE SEP 3 1968 WWW.

23d. LOCATION (City or Town)

(State)

(Caunty)



MARYLAND STATE DEPARTMENT OF HEALTH 13382 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13395 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN 2b. HOUR (Type or Print) ESTI-Page Edwin DEATH MATED 2 9-30-Hunt+ 30 4. RACE 6. AGE (In years 3 SFX IF UNDER 24 HRS. 5 DATE OF BIRTH 2c. DATE PRONOUNCED DEAD and M3 last birthday) Male White 5 April 1904 198:4 Bam M 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [DIVORCED [WashingtonD.C U.S.A. Pages Prince George's 10. CITY OR TOWN OF DEATH 11. NAME DF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Prince George Hospital during mast af warking life, even if retired.) **INDUSTRY** Cheverly 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Prince George's Boulevard Hgts VES & NO [4716 Hudson Avenue and 2 pencil in Item 1 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Last Riley Huntt Ada pages hours Turner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) Mary E. Huntt Same as 13a,b,c,d,e, File .⊆ within APPROXIMATE INTERVAL be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown Canditians, if any, which gave rise to immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removol 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES] NO IX pe 10 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A M cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) WHILE NOT WHILE T 220. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry ond in my opinion Agcident Suicide deoth resulted from: Notural causes X Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) John/Kehoe MD Riverdale. Md. ADDRESS(Street, city, town, or county) MAME OF CEMETERY DR CREMATORY 23d. (COCATION (City or Town) REC'D BY REGISTRAR

| 13395 | | | 13382 | |
|--|---|--------------------|--|--------------|
| 10013 - 1 - 1 - 1 | All Jaga | | twist. | may this add |
| 1984): 171 (B) (P) | | an publications in | stiff of gldt. | 64 |
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| 2 Bent 25 - 17 885 | # 100 mily / X | | Activities and the | |

FOR STATE HEALTH DEPT.

s after death any delay is 18. Give Poges 1, 2, and 3 to

DICAL EXAMINER: This certificate should be executed with

TO DEPUTY

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department of PM3. Poge olong with form necessory, please execute the certificate, writing the word "pending" in penthe funeral director. Page 4 should be forwarded to the Chief Medical Exami

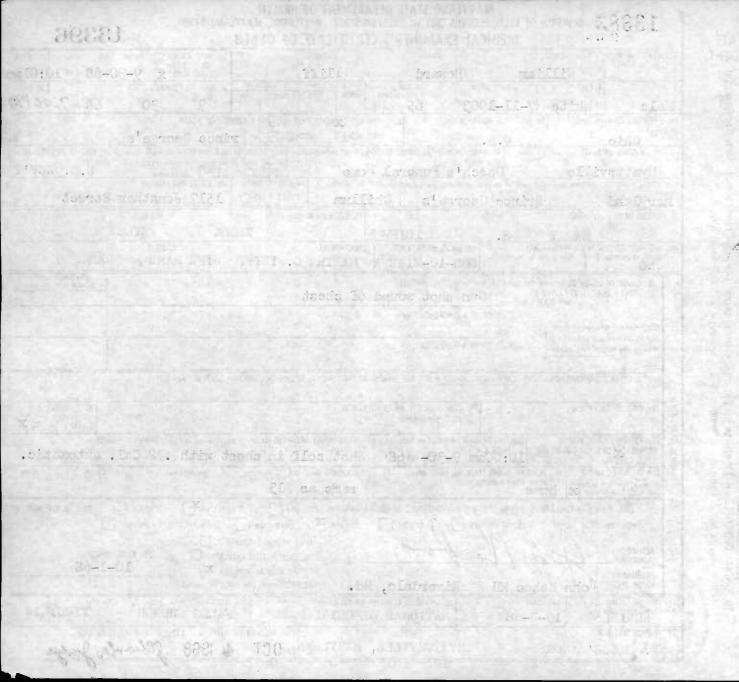
Health prior to burial, cremation, or removol, and in ony event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH 13383 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | - 4 | |
|-----|------|--|
| 4 | 2200 | |
| JL, | 3396 | |

| | Type or Print) | Firs | it | Middle | | Lost | | | 2o. DATE | KNOWN | Month | Day | Yeor | 2b. HOUR |
|---------------|---|-------------------|---|----------------------------------|-----------------|----------------------|--------------------|-------------|------------------|------------------|-----------|-------------|------------|-----------|
| 1 | Type of Film) | Wil | liam | Howard | | Ilif | f | 150 | DEATH | ESTI- MATED X | 9-3 | 0-68 | 19](| :Olam |
| 3. 5 | EX | 4. RACE | S. DATE OF BIR | | . AGE (In years | | | - | 2c. DATE P | RONOUNCED | | NE. | | 2d. HOUR |
| M | ale | White | 7-11-19 | 903 6 | 5 YR | | S HOURS | MIN. | Mogth | 3 | Bah | 68° | 197: | oo PM |
| | BIRTHPLACE (Sto | te or foreign | 76. CITIZEN OF WH | | - | ARRIED NEVER | MARRIED 🗍 | 9. COU | NTY OF DE | ATH | | | | |
| caur | Ohio | | U.S. | | WII | OOWED [| IVORCED | Pr | ince | Georg | els | | | Md |
| 10. (| CITY OR TOWN C | | 11. N | AME OF HOSPITAL C | | | | SUAL OC | CUPATION (| Kind of wo | rk dane | 12b. KIND | OF BUSI | NESS OR |
| | Hyatts | ville | Gas | street oddress) sch's Fun | eral | Home | PU | RCHA | SING | fe, even if a | etired.) | INDUSTRY U. | S. 0 | GOV'T |
| 13a. | USUAL RESIDEN | ICE (Where deced | sed lived, if institu | ution: Residence be | | | 13d. INSIDE CITY I | | | AND NUM | | OI. | | |
| _ | ary land | | Prince C | | | illum | YES N | | 121/ | Jona | | Stre | et | |
| 14. 1 | FATHER'S NAME | First | Middle | | .ast | 1S. MOTHER'S | MAIDEN NAME | First | | Mid | | | Lost | |
| | | HARRY | | | LIFF | | | VIO | LA | | EYLE | R | - 197 | |
| | WAS DECEASED E' es, na, ar unkna NO | VER IN U.S. ARMED | FORCES? war or dates of service) | 308-10-7 | | 17. INFORMANT MARTHA | C. TL | IFF | WIFE | ADDRES | S AS | ABOVI | Ξ | |
| | | | | | | | | | | | | | PROXIMATE | INTERVAL |
| | | DEATH WAS CAUSE | nly ane cause per li ED BY: ATE CAUSE (a) | ne far (a), (b), and | recurred | of chas | +. | | | | | BETW | ZEEN ONSET | AND DEATH |
| | 051 | IMMEDI | ATE CAUSE (a) | dir Snot | would | or ches | | - | 15211 | | | | | |
| | Conditions if | any, which gave | DUE 10, OK | AS A CONSEQUENC | F OF | | | | | | | | | |
| | rise ta immed | diate cause (a), | (D) | AC A CONCEOUENC | r or | | | | | | | | | |
| | stating the u | nderlying cause | DUE TO, OR | AS A CONSEQUENC | t Ur | | | | | | | 1000 | | |
| | | | (c) | | | | | | | | | | | |
| | PART 2. OTHER | SIGNIFICANT CON | DITIONS CONTRIBUTI | ING TO DEATH BUT | NOT RELATED | TO THE TERMINA | L DISEASE OR (| CONDITION | N GIVEN IN | PART 1(a) | | | | |
| NO | 7/0X | DEDATION | | 101 CONDITION OF | D MAINELL OF | NED A TION | | | | | | Loo | AUTÓDOU | |
| CAT | 19a. DATE OF (| PEKATION | | 19b. CONDITION FO WAS PERFORM | | EKATION | | | | | | | AUTOPSY | 10000 |
| CERTIFICATION | A) EVECTIONAL | CAUSE WAS | Tay Tive or | IN IVIDA III III | | A1 11A1-1 1111-1A1 | | | | | | | YES 🗌 | NO DO |
| | 21a. EXTERNAL PRIMARY (50) | | | INJURY Month, Day, M. | , Year | 21c. HOW INJURY | | | | | | | | L Z L |
| MEDICAL | | R CONTRIBUTING | - 10:00 | Mm 9-30- | | Shot se | | | | | ¿ Cai | | | tic. |
| × | 21d. INJURY OC | CURRED 21e. | PLACE OF INJURY (actory, affice building | At hame, farm, stre | et, | 21f. LOCATION Str | | | City o | r Tawn | | Caunty | | State |
| | AT WORK | AT WORK X h | omé | | | same a | is #13 | 365 | Bah II. | -3. | 100 | | | |
| - | 22a. I | certify that I | toak charge of t | he remains desc | ribed obov | ve, held on A | utopsy, | Ins | pectian 2 | , Inc | quiry [|], on | d in m | y apinion |
| | death re | esulted fram: | Natural caus | søs 🔲, /Acci | dent, | Suicide X | , Hamicid | le . | Undet | ermined i | monner | | | |
| | | 1 | 0 10 | 11 | 0 | | CHIEF MEDICAL | EXAMINE | R 🔲 | | | | | |
| | SIGNATURE _ | 111 | tes / [- | My | | M D | ASSISTANT MED | ICAL EXA | MINER _ | 1 | 22b. DATE | | F | |
| | EXAMINER'S | // | | | | | DEPUTY MEDICA | L EXAMI | VER Z | 25.01 | 10 |)-1-6 | 8 | -12013 |
| | NAME (Type) | John K | ehoe MD | Rivero | dale, | Md. | ADDRESS(Street | , city, tov | vn, or caun | ty) | | 1,192 | | |
| 230 | . BURIAL, CREMA | | DATE | 23c. NAME | OF CEMETER | Y OR CREMATOR | | 23d. | LOCATION | (City ar Taw | /n) | (County) | (St | ate) |
| | REMOVAL (Spe- | 10 | -3-68 | NATI | ONAL N | IEMORIAL | PARK | | FALLS | CHUR | CH | V | IRGI | NIA |
| 24. | FUNERAL DIREC | TOR | T. 18.1 | | DDRESS | MCC IN | 2Sa. REC'E | | | | _ | SIGNATUR | | 15 16 |
| | F. GAS | CH'S SON | IS | HYATTS | VILLE, | MARYLA | ND DATO C | T | 1 196 | 8 22 | Chan | las & | udge | |

VR A15ME (5) 10M REV. 1/68



FOR STATE DEPT. any delay is 2, and 3 ta

ment of PM3. Page ng with form Give Pages h the State Health priar ta burial, cremation, ar removal, and in any event within 72 haurs after death and? necessary, please execute the certificate, writing the ward "pending" in pencil in Item. the funeral director. Page 4 should be farwarded to the Chief Medical Exominer's O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 5 may be retained far yaur files.

DICAL EXAMINER: This certificate shauld be executed within 24 hours after death

TO DEPUTY

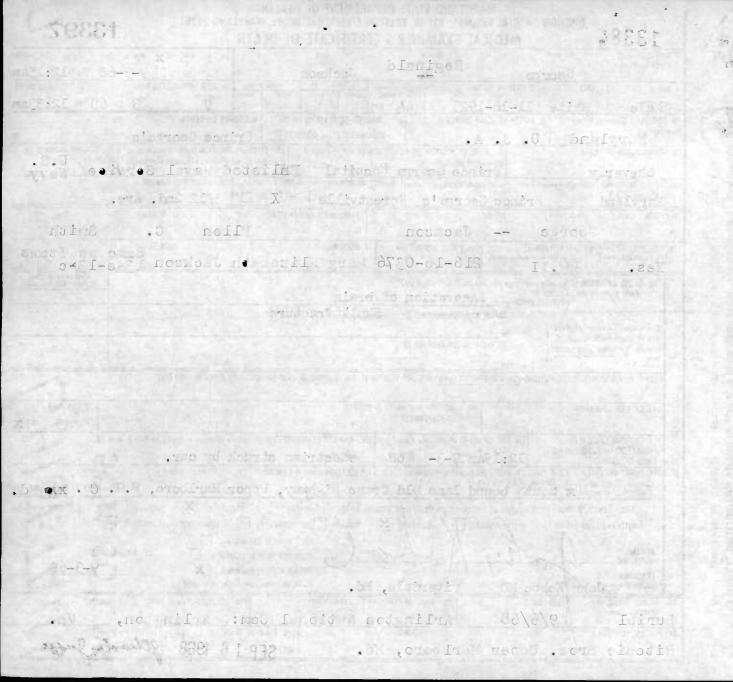
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13397

| 1338 | 34. | MEDI | | | CERTIFICA | | | | | 133 | 397 | 4 |
|---|---|--------------------------|-----------------------|-----------------|-------------------|------------------|------------|---------------|---|--------------|--------------------------|----------|
| 1. DECEASED-NAME | First | | Mid | | Los | | | 20. DATE | KNOWN Mont | h Doy | Yeor | 2b. HOUR |
| (Type or Print) | Geor | rge | Reg | inald | Jacks | on | | OF DEATH | MATED 9-3 | 3-68 | 19]2 | :15am |
| 3. SEX | 4. RACE | S. DATE OF BI | | 6. AGE (In year | | AR IF UNDER | 24 HRS. | | RONOUNCED DEAD | | | 2d. HOUR |
| Male | White | 11-16- | 1923 | LLL YI | | 13 HOURS | MIN. | Month | Doy3 | 680 | 19 12 | :33am |
| 70. BIRTHPLACE (St | | 7b. CITIZEN OF WI | | | MARRIED X NEVER | MARRIED | 9. COU | NTY OF DEA | ATH | Unidida | | |
| country) Mar | yland | U. S. | Α. | W | IDOWED 🗌 | DIVORCED [| Pr | ince (| George's | | | Me |
| 10. CITY OR TOWN | OF DEATH | 11. N | IAME OF HOSPIT | AL OR INSTITUTI | ON (If not in hos | pitol 120. | USUAL OC | CUPATION (| Kind of work done | 12b. KIN | OF BUSI | NESS OR |
| Cheve | rlv | give | street oddress) | eorge H | ospital | F. d L | g most o | t working lit | fe, even if retired. Val Ser AND NUMBER |) INDUSTR | / No | 5. |
| 13o. USUAL RESIDI | NCE (Where deceos | | | | | | | | | | 14.5 | vy |
| odmission) SIA | Ind | Prince | George 1 | s Fore | estville | YES 🔀 | NO 🗌 | 5812 | 2 2nd. Ar | re. | | |
| 14. FATHER'S NAME | | Middl | e | Lost | 15. MOTHER'S | MAIDEN NAME | First | | Middle | | Lost | |
| | George | 9 | Jack | son | | | El | len | C. | Si | mith | 1 |
| | EVER IN U.S. ARMED F | ORCES? | 16b. SOCIAL SE | CURITY NO. | 17. INFORMANT | | | | ADDRESS Sa | mo o | a T+ | - Cow Cl |
| (Yes, no, or unkn Yes. | own) (If yes give | war or dates of service) | 216-1 | 6-0376 | Mary | Elizal | be th | Jac. | kson j | 1-e-1 | 3-6 |) GIII 9 |
| | OF DEATH (Enter on | | | | | | | | | Al | PPROXIMATE WEEN ONSET | |
| | DEATH WAS CAUSED | | Lacerat | cion of | brain | | | | | 561 | TELL OUDET | THE CENT |
| 811 | 47 | DUE TO, OI | R AS A CONSEQU | JENCE OF | skull fr | acture | | | | | | Salm |
| | fony, which gove | /// | | | | | | | | | | |
| | ediote couse (a), (underlying couse (| | R AS A CONSEQU | JENCE OF | | EPTA | | 137 | | -31 | | |
| last. | andertying cosse | (0) | | | | | | | | | | |
| PART 2. OTHE | R SIGNIFICANT COND | ITIONS CONTRIBUT | ING TO DEATH | BUT NOT RELATE | D TO THE TERMIN | AL DISEASE OR | CONDITIO | ON GIVEN IN | PART 1(o) | | | |
| - 8124 | + | | | | | | | | | | | |
| 190. DATE OF | OPERATION | | | N FOR WHICH C | PERATION | | 118 | | | 20 | AUTOPSY | 13 |
| IIFIC | | | WAS PER | FORMED? | | | | | | 177 | YES 🗌 | NO CX |
| E 210. EXTERNA | L CAUSE WAS | 21b. TIME O | NJURY Month, | Doy, Yeor | 21c. HOW INJUR | Y OCCURRED (E | Enter notu | re of injury | in Port 1 or Port 2 | ?, Item 18.) | 1 | |
| PRIMARY X CAUSE OF DE 21d. INJURY | OR CONTRIBUTING [| 12:14 | .M. 9-3- | - 1968 | Pedest | rian s | truc | k by c | car. | | | |
| 21d. INJURY | OCCURRED 21e | PLACE OF INSURY | (At home form | street | 21f LOCATION S | reet or R.F.D. N | 0. | City o | r Town | Count | | Stote |
| WHILE AT WORK | NOT WHILE S | ctory, office buildi | ng, etc.) Ind lane | e Old C: | rane Hig | hway. | Uppe | r Mar | lboro, P. | .G. G | . Md | ▶ Md |
| | I certify that I t | | | | | | | | | | | |
| | resulted from: | | | | | | | | | | | |
| | Λ | V | W | 1) | 0 | CHIEF MEDICA | | _ | | | | |
| ACTUAL | | Mas | M | Mo | - | ASSISTANT ME | | _ | 22b. D/ | ATE SIGNED | | |
| SIGNATURE | 1 | a run | 110 | 1 | - Cmu | DEPUTY MEDIC | | | | 9- | -3-68 | } |
| EXAMINER' NAME (Typ | e) John Ke | hoe MD | Rive | erdale, | Md. | ADDRESS(Stree | | | | | | |
| 23o. BURIAL CREI | MATION 23b. | DATE | 23c. 1 | NAME OF CEMETE | RY OR CREMATO | Ry . | 23d | LOCATION | (City or Town) | (County) | (5 | tate) |
| Burial | pecify 9 | /6/68 | Ar | lingto | n Nati | onal | Cem | Ar | lingtor | 1. | Va. | |
| 24. FUNERAL DIRI | | | | ADDRESS | | 250. RE6 | C'D BY RE | GISTRAR | 2Sb. REGISTRA | R'S SIGNATUI | RE | |
| Ritchi | e Bros. | Upper | Marlb | oro, M | Id. | DATE S | FP 1 | 6 196 | 38 Ach | arles. | Jacobs | pe |

VR A15ME (5) 10M REV. 1/68

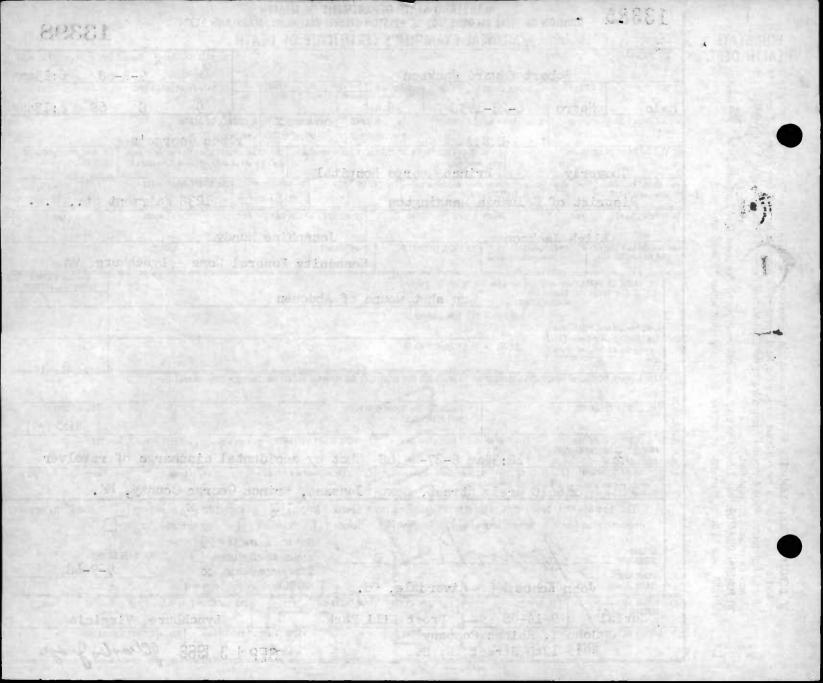


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13398 Item#5. FilmGhob 9/MEDICALMEXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month (Type or Print) ESTI-196:13amM Robert Edward Jackson DEATH MATED 1 9-8-68 6. AGE (In years IF UNDER 1 YEAR 4 RACE IF UNDER 24 HRS. S. DATE OF BIRTH 1950 2c. DATE PRONOUNCED DEAD HOLIES 68 19 6: 1 3amm Male Negro 18 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [DIVORCED U.S.A. Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) Prince George Hospital Cheverly 130. USUAL RESIDENCE (Where deceosed liyed, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Columbia Washington YES NO 1238 Fairmont St., N.W. and 2 First 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Josephine Mundy Elich Jackson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (Yes, no, or unknown) Community Funeral Home - Lynchburg, Va. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Gun shot wound of Abdomen DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) ar remaval. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO the certificate, pe 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 3 shauld PRIMARY OR CONTRIBUTING 12:30am 8-27-19 68 Shot by accidental discharge of revolver CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. -21e. PLACE OF INJURY (At home, form, street, City or Town Stote wille Mot while to factory, office building, etc.)

AT WORK AT 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection [X], Inquiry [7], and in my apinian death resulted fram: Natural Lauses Ascident X Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 9-9-68 DEPUTY MEDICAL EXAMINER (XX) **EXAMINER'S** Health John Kehoe MD Riverdale. ADDRESS(Street, city, town, or county) NAME (Type) 50 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) 9-14-68 Frost Hill Park Lynchburg, Virginia 24. FUNERAL DIRECTOR John T. Rhines CompanyADDRESS 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 3015 12th Street, N. E. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

13385



| | M | 1 | PRINC | e George + | 1100 | AY A LEPE | NO | 10/10 | Oldto | ntKd | |
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| 14. [| ATHER'S NAME First | 10 | Middle | / Loft | 1S. N | OTHER'S MAIDEN N | AME First | , | Middle | 11. | ost |
| | 211 | 7 11 | AShi | 24100 | J | 11.11 | e. V | VASh. | Nate | N | |
| | WAS DECEASED EVER IN (es, no, or wisknown) | U.S. ARMED F If yes give war or d | | 166. SOCIAL SECURITY NO. | 17. INFO | DRMANT 2++ V JC | Met | ts Dau | Address The VI | 107/06 | O/Aton |
| | PART I. DEATH WA | Enter anly an S CAUSED BY: IMMEDIATE C | | e for (a), (b), and (c).). | 1-197 | oky | Col | CAP. | SE | APPROXIMATE BETWEEN DNSET | |
| | Canditions, if any, which | h gave) | | S A CONSEQUENCE OF | DAT | -10 1 | NSU. | 1551C/2 | ENCY | Sm | 05 |
| | stating the underlying last. | couse | (c) | S A CONSEQUENCE OF | RR | 410515 | OF | LIVE | 9/ | | |
| N | PART 2. OTHER SIGNIFIC 5810 | ANT CONDITIO | ONS CONTRIBUT | ING TO DEATH.BUT NOT RE | LATED TO TH | HE TERMINAL DISEA | SE OR CONDITIO | ON GIVEN IN PART 1 | (0) | | e Fair |
| CERTIFICATION | 190. DATE OF OPERATION | 19b. CONE | OITION FOR WHI | CH OPERATION WAS PERFORE | MED | 20o. AUTOPSY? YES | NO 🖂 | 20b. IF YES, WERE CAUSES OF DEATH? | | DERED IN CERTI | FYING |
| MEDICAL CE | 21a. ACCIDENT WAS UN OR CONTRIBUTING CAU (If either, natify medical | ISE OF DEATH | 21b. TIME OF HOUR A.M. P.M. | Manth Doy Year 19 | | | (Enter nature | of injury in Part 1 | ar Part 2, Item | 18.) | |
| W | 21d. INJURY OCCURRED While Nat while at wark ot wark |) | , | AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. | | TION Street or R.I | .D. No. | City or Town | C | ounty | State |
| | 220. I certify that saw the dece | (I) (this hosed olive | ospital) ofte | nded the deceosed fr | om 7 , ond t | hot in (my) (ou | 19 <u>6</u> 2, r) opinion o | to 9/30 leoth occurred o | , 19 <u>68</u> on the dote o | , that (I) and hour one | (we) last from the |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been as the directar, page 3 should be detached for use should be filed with the State Dept. of Health

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

DECEASED-NAME

(Type or print)

7o. BIRTHPLACE (State or foreign

10. CITY OR TOWN OF DEATH

22b. SUBNATI

22d. PHYSICIAN'S

23a. BURIAL, CREMATION, REMOVAL (Specify)

NAME (Type

3. SEX

country)

First

John Frat Direntines Company Funeral Allome 3015 12th Street, N. E. 20017

23b. DATE

10-5-68

couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth.

2Sa. REC'D BY REGISTRAR

DIRECTOR

unon, me

ATTENDING PHYS.

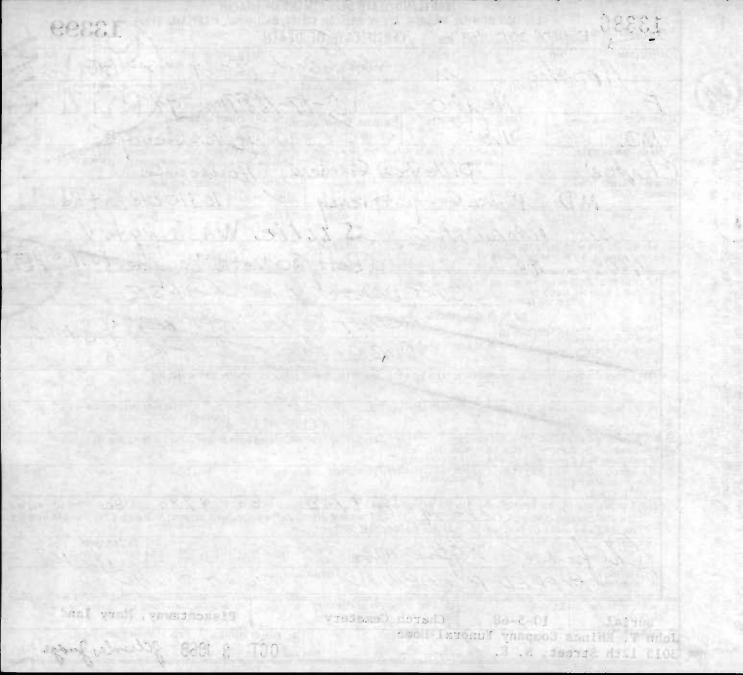
22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Church Cemetery

23d. LOCATION (City or Town)
Pisacataway, Mary land 1968

22c. DATE SIGNE



. 13387

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

S. DATE OF BIRTH

1-8-1892

1S. MOTHER'S MAIDEN NAME First

13400 2o. DATE OF DEATH 3:30 September 1968 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy)

| 2FX | 4. KACE | |
|------------------------------|------------------------------|------------|
| Female | Negro | |
| BIRTHPLACE (Stote or foreign | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED |
| D.C. | U.S.A. | WIDOWED |

NEVER MARRIED DIVORCED [WIDOWED TX

Lost

Jefferson

Prince Georges 12o. USUAL OCCUPATION (Kind of work done

9. COUNTY OF DEATH

10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)
Glenn Dale Hospital during most of working life even if retired.
Retired Glenn Dale 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 118b. COUNTY YES. 1232 N. Carolina Ave. N.E.

Middle

R.

Washington 14. FATHER'S NAME Middle Lost John Clifton

17. INFORMANT

Middle Diggs Mary Address

160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) Yes, no or unknown) 577-70-9204

First

Marv

Decedent

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Pulmonary edema DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). stoting the underlying couse

(b) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF

(Arteriosclerotic heart disease

years

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH days

12b. KIND OF BUSINESS OR

INDUSTRY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)

Recurrent pulmonary emboli.

19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO X YES 🗌

City or Town

21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

State County

220. I certify that (bx (this hospital) attended the deceased from 11/8/, 19-67, to 9/26/, 19-68, that (\$) (we) lost saw the deceased alive on 9/26/ 19-68, and that in (\$) (our) applicable or the date and hour and from the couses stoted obove, (* (we) (did) (* view the body ofter deoth. 22b. SIGNATURE

DEGREE

MED. DIRECTOR

22e. ADDRESS Glenn Dale Hospital

STAFF x

22c. DATE SIGNED 9/26/68

PHYSICIAN'S NAME (Type)

While Not while of work

lost. 4200

Moe Weiss, M.D. 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Glenn Dale, Maryland 23d. LOCATION (City or Town) Arlington, Virginia

(Stote) (County)

10-1-68 Arlington National is Figure Home - 3015-12 dillE

250. PECD BY REGISTRAR DATE OCT 2

Charles ?

VR A15 (4) 30M REV, 1/68

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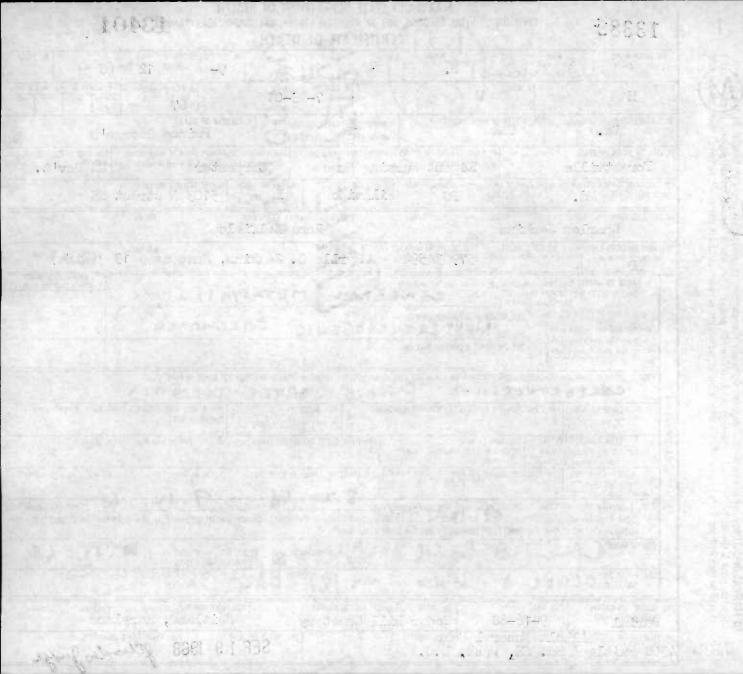
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MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

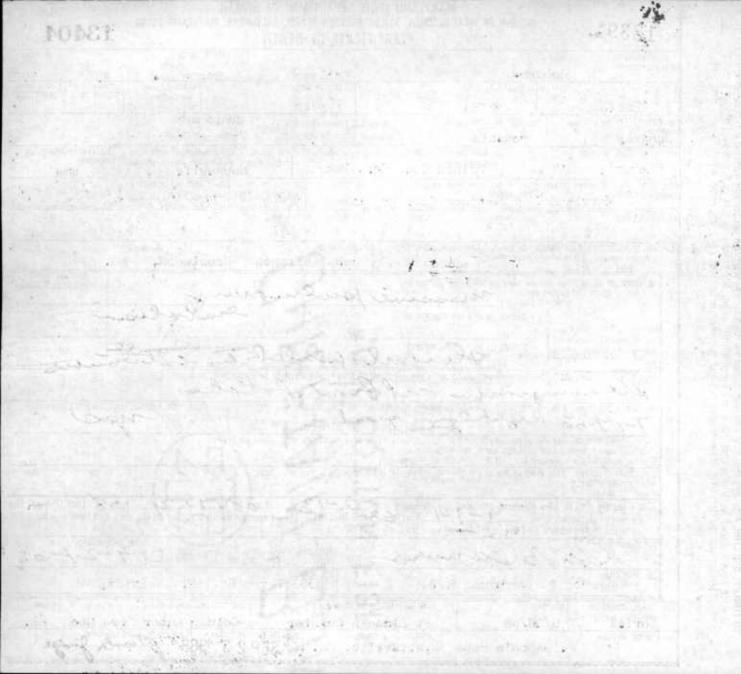
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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within 24 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13406 CERTIFICATE OF DEATH

| DEEESSPLAME First Mode Lost Sept. Month 20, Do 1968 | | | | | | THE OF PERT | • | | | | |
|--|----------|-----------------------------|----------------------------------|-----------------------------|---------------|-------------------------|---|-------------------------|----------------|--------------|-----------|
| S. DATE OF BIRTH S. DATE OF | | | | | K. | | | | Doy 968Year | | |
| Male Caucasian April 15, 1906 April 15, 1906 April 15, 1906 Caucasian April 15, 1906 April 15, 1906 Caucasian April 15, 1906 April 15, 1906 April 15, 1906 Caucasian April 15, 1906 April | 3 5 | Y | | ь. | IX. | | 36 | | | | |
| 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (If no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (IN no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (IN no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (IN no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (IN no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (IN no in hospital private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (IN no invention private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (IN no invention private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (IN no invention private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (IN no invention private recorders) 1. NAME OF HOSPIAL OR INSTITUTION (IN no invention pri | | | | ian | | | 1906 | lost birthdoy) | MONTHS DAYS | | |
| M. CAP | 7a. | BIRTHPLACE (State ar fareig | n 7b. CITIZEN OF WI | AT COUNTRY? | 8. MARRIED | NEVER MARRIED | 9. COUN | TY OF DEATH | | | |
| 11. NAME OF HOSPITAL OR INSTITUTION (Fine in hospital) 120. USUAL DOCUPATION (Kind of work done line) 120. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 120. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 120. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 120. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 120. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 120. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 120. USUAL OCCUPATION (Kind of work done) 120. U | (00) | N.Car. | U.S. | . A . | | | Prin | ce George's | | | Md. |
| 130. SURLA RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. ADDRESS 13d. COUNTY | | | 11. N/ | AME OF HOSPITAL OR INS | | durin | USUAL OCCUP | ATION (Kind of work dan | | F BUSINES | S OR |
| Prince George's Bladensburg YES NO 4271 58th Avenue | 130. | USUAL RESIDENCE (Where | | | | | CITY LIMITS? | 13e. STREET AND NUMBER | | | |
| 1. FATHER'S NAME First Middle Lost S. MOTHER'S MAIDEN NAME First Middle Charles W. Ketner Ada M. ? | odm M | ssion) STATE | 13b. COUNTY | Cooresta | Blader | YES T | NO | | 02110 | | |
| Charles W. Kether Ada M. ? | | | | | | | | | enue | Lost | |
| 16d. WAS DECESED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 187. 18 | | Che | | Ketner | | | | | | | |
| Test, no, or upknown Clayse give woor address of service) 578-07-9304 Mrs.Mildred M. Ketner (above ad- 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) (Wife) dress) APPRIXIMAL MAS CAUSED BY: MMEDIATE CAUSE (a) Multiple Pulmonary Emboli | 16a. | | | | | NFORMANT | | | | | - |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) (Wife) dress) APPRODUMENT MITERAL BETWEEN ONSET AND DEATH | ١ | es, no, or unknown) (If y | es give war or dates of service) | | | Mrs.Milo | dred 1 | | (above | ad- | |
| PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF conditions, if any, which gave rise to immediate cause (o), stoting the underlying couse Ust. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) PRAT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) PRO DATE OF OPERATION 190. DATE OF OPERATION | _ | 18 CAUSE OF DEATH (Fo | ter only one cause per lin | | | | | | APPRO | KIMATE INTER | RVAL |
| DUE TO, OR AS A CONSEQUENCE OF (c) Storing the underlying cause last. CONTRIBUTION STORED | | DADT 1 DEATH WAS | CALICED DV | | | | / | 02000 | BETWEEN | ONSET AND | DEATH |
| Conditions, if any, which gave is to immediate cause (o). PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 19c. ON CONTRIBUTING 21b. TIME OF INJURY 19c. ON CONTRIBUTION 19c. ON CONT | | 11120 11 | | | Imonar | y Emboli | | | | | - |
| DUE TO, OR AS A CONSEQUENCE OF Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF Idst. | | Conditions if any which | | | | | - 1 | | | | |
| DUE 10, OR AS A CONSEQUENCE OF Stating the underlying cause (c) | | rise ta immediate cause | (a) (b) 0 | | terios | clerotic H | eart D | \$ sease | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Day Yeor 19 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 100 CONTRIBUTING 21a. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 19 21f. LOCATION Street or R.F.D. Na. City or Town Caunty Stote work at wark 22a. I certify that the deceased alive an Sept 20 19 68, and that in farth (our) opinion death occurred on the date and hour and from the causes stated abave, (b) (we) (did) Academy view the body ofter death. 22a. BURIAL, CREMATION, REMOVAL, Specify 19 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL, Specify 19 23d. LOCATION (City or Town) (County) Maby and REMOVAL Specify 19 23d. LOCATION (Ci | | stating the underlying c | | S A CONSEQUENCE OF | | | | | | | |
| 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO YES X N | | last. |) (c) | | | | | | | | |
| Country Countributing Cause of Death HOUR A.M. Manth Day Yeor 19 19 21d. INJURY OCCURRED While Not while at work at work 220. I certify that the deceased from Sept 15 19.68 ta Sept 20 1968 that the deceased from Sept 15 19.68 ta Sept 20 1968 that the deceased alive an Sept 20 19 68 ond that in Sept (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) **Additional view the body ofter deoth. 226. SIGNATURE DEGREE ATTENDING DIRECTOR Phys. Staff Sept 20 1968 22c. DATE SIGNED Sept 20 1968 22c. DATE SIGNED 2 | | PART 2. OTHER SIGNIFICAN | NT CONDITIONS CONTRIBU | TING TO DEATH BUT NO | T RELATED TO | THE TERMINAL DISEASE | ORCONDITION | N GIVEN IN PART 1(0) | | | |
| Country Countributing Cause of Death HOUR A.M. Manth Day Yeor 19 19 21d. INJURY OCCURRED While Not while at work at work 220. I certify that the deceased from Sept 15 19.68 ta Sept 20 1968 that the deceased from Sept 15 19.68 ta Sept 20 1968 that the deceased alive an Sept 20 19 68 ond that in Sept (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) **Additional view the body ofter deoth. 226. SIGNATURE DEGREE ATTENDING DIRECTOR Phys. Staff Sept 20 1968 22c. DATE SIGNED Sept 20 1968 22c. DATE SIGNED 2 | N | 4201 | | A | | | | | | | |
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| While Not while at work 220. I certify that the control of the deceased from Sept. 15 , 19.68 , to Sept. 20 , 1968 , that (b) (we) last sow the deceased alive an Sept. 20 19.68, and that in free (our) opinion death occurred on the date and hour and from the causes stated abave, (b) (we) (did) didnot view the body ofter death. 22b. SIGNATURE DEGREE ATTENDING MED. STAFF PHYS. XX Sept. 20, 1968 22c. DATE SIGNED Sept. 20, 1968 22c. DATE SIGNED Sept. 20, 1968 PHYS. IN TOWN SIGNET PHYS. IN TOWN SIGNED SEPT. 20, 1968 22c. DATE SIGNED Sept. 20, 1968 22d. PHYSICIAN'S NAME (Type) Tomas Hernandez, M. Prince George's General Hospital Cheverly 230. BURIAL, CREMATION, REMOVAL (Specify) 9/24/68 Prince Occurrence on the date and hour and from the course of the cours | 3 | | | | | Market S | | | | | |
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| 220. I certify that the (this haspital) attended the deceased from Sept. 15, 19.68, to Sept. 20, 1968, that (this haspital) attended the deceased from Sept. 15, 19.68, to Sept. 20, 19.68, and that in cress (our) opinion death occurred on the date and hour and from the causes stated abave, (th) (we) (did) did not view the body after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. 22c. DATE SIGNED Sept. 20, 1968 COLIMAR Haspital COLIMAR Haspital COLIMAR Haspital | | | ZIG. I DICE OF MISORY | OFFICE BUILDING, ETC. | 7 211. 20 | CATION SHOOT OF K.F.D | . 144. | City of Town | coomy | | ,,,,,, |
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| 226. SIGNATURE DEGREE ATTENDING MED. DIRECTOR STAFF XX Sept. 20, 1968 | | causes stated a | bave, (t) (we) (did) | didnoth view the | ody ofter o | leoth. | opinion de | sum occorred on me | dote ond noo | Onu III | JIII IIIE |
| 22d. PHYSICIAN'S NAME(Type) Tomas Hernandez, M Prince George's General Hospital, Cheverly 230. BURIAL, CREMATION, REMOVAL (Specify) 9/24/68 Pt. Lincoln Com. DIRECTOR PHYS. XX Sept. 20, 1968 22e. ADDRESS Prince George's General Hospital, Cheverly Co.Lmar Manor, (County) Maryland Co.Lmar Manor, (County) | | | / | | , | 1 3m - 54" | 10.00 | 22 | C. DATE SIGNED | | |
| 22d. Physician's NAME (Type) Tomas Hernandez, M | | | 11/00111 | 200000 | ► DEGR | | | STAFF TO S | Sept. 20 | 19 | 68 |
| NAME (Type) Tomas Hernandez, M.D. Prince George's General Hospital, Cheverly 230. BURIAL, CREMATION, REMOVAL (Specify) 9/24/68 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 9/24/68 Prince George's General Hospital, Cheverly Colimar Manor, (County) Maryland Colimar Manor, (County) | | 22d PHYSICIAN'S | Marie | LXXXII | \rightarrow | 11115: | DIRECTOR | - 11113. | peper 20 | , | |
| 230. BURIAL, CREMATION, REMOVAL (Specify) 9/24/68 Ft. Lincoln Com. 23d. LOCATION (City of Town) (County) Matyland Colmar Manor, Mac | | NA 145 /T 1 | Comas Herna | ndez. M.b. | 77 | | eorget | s Ceneral Ho | enital | Chew | er1, |
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| | 230. | REMOVAL (Specify) | | | | | C C | Imar Mano | r, (county) | Tapy | Dilibu |
| Home Inc. Maryland DATE SEP 2 6 1968 Clarks Maryland | 24 | Darra | Jorla Jun | ADDRECE ADDRECE | MI. R | at ni O Lica pro | | | | | |
| | 24. | Tome Inc. | Toy's Full | Mary | and | DATE S | EP 2 | 3 1968 100 | | der | |

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and empletely filled in by the f director, page 3 should be detached for use as the buriol-transit permit. Then please remaye corbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours ofter the should be tiled with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours ofter the should be tiled with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours ofter the should be tiled with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours ofter the should be tiled with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours ofter the should be tiled with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours of the should be tiled with the State Dept. of Health prior to buriol. VR A15 4) 30M REV. 788

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MARYLAND STATE DEPARTMENT OF HEALTH 13407 DLYISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1 DECEASED-NAME First William Hilly 20 DATE KNOWNKT Month Day 2b HOUR (Type or Print) Edward King DEATH MATED Sept/14 16811:20u IF UNDER 24 HRS 4 RACE 6. AGE (by years) 2c DATE PRONOUNCED DEAD 3 SEX 11:26 MONTHS HOURS 1968 Year 46 15085 Male White 7o. BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED [DIVORCED X U.S.A. Prince George Indiana 10. CITY OR TOWN OF DEATH OSPITAL OR WIFE TOOK (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Southern Maryland Gene Fat Chief INDUSTRY Clinton Restaurant 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Apt. 305 13b. COUNTY 6154 Spring Hill Terrace Md. P.G. YES NO Greenbelt First Middle IS. MOTHER'S MAIDEN NAME 14 FATHER'S NAME First Middle Alfred King Freda Mover 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, no, or unknown) 381 14 3964 Mrs. Deprey Same as #13 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Crush injury of left chest IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave farwarded to the Chief Automobile accident (driver) rise ta immediate cause (a). writing the ward This certificate should DUE TO OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 ds used 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTDPSY? WAS PERFORMED? please execute the certificate, None NOX Page 4 shauld be 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21a. EXTERMAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year D may be retained far yaur files. FUNERAL DIRECTOR: Page 3 should MEDICAL PRIMARY OR CONTRIBUTING crematian, Automobile accident CAUSE OF DEATH 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At hame, farm, street, City or Town County State WHILE AT WORK AT WORK ROUTE 5 Route 5. Clinton Maryland Prince George burial, 220. Leertify that I took charge of the remains described above, held on Autopsy ... Inspection . Inquiry V ond in my opinion Suicide . Homicide death resulted flom: Natural couses Accident Undetermined monner CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE AND DEPUTY MEDICAL EXAMINER (Acting) 9/15/68 Health Cornelius J. Burns, M.D. NAME (Type) ADDRESS(Street, city, town, or county) Cheverly, Maryland 23g. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial (Specify) 9/18/68 Evergreen Cemetery Mich. Lancing 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Francis Gasch's Son Hyattsville, Md. VR A15ME (5) 10M REV. 1/68

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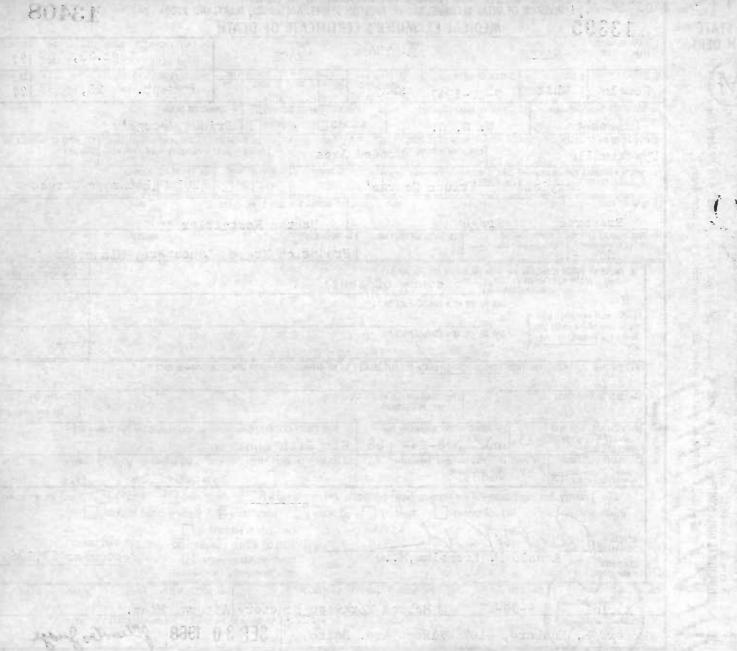
necessory, please execute the certificate, writing the word "pending" in the funeral director. Page 4 should be forwarded to the Chief Medical X

TO DEPUTY

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 diid 2 with the State Deport Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death. 18,21a,22a film MARYLAND STATE DEPARTMENT OF HEALTH
10-29-6 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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|---------------|--------------------------------|---------------------------------------|--------------------------|-------------------|------------------|------------|----------------|-------------------|-----------|--|------------------------------|-----------------------|
| | ECEASED-NAME Type or Print) | First KARE | N | Mic 1 | MARTHA | | Last KRAG | | | 20. DATE KNOWN Month OF ESTI- DEATH MATED Sept. | Day Year 23, 68 | 2b. HOUR |
| 3. SE | ema l e | 4. RACE White | S. DATE OF B | - 1947 | 6. AGE (In year | MONTHS | CIAYS | IF UNDER HOURS | 24 HRS. | 2c. DATE PRONOUNCED DEAD ManthSept. Day 2: | 3, Year 1968 | 2d. HOUR |
| 7a. E | BIRTHPLACE (Stat | e ar fareign | 7b. CITIZEN OF W | | | | NEVER MAR | RRIED | 9. COL | JNTY OF DEATH | | |
| cann | Minnes | ota | U. | S. A. | W | IDOWED _ | DIVO | RCED 🗌 | Pr | ince George's | | Mo |
| 10. C | ITY OR TOWN O | F DEATH | 11. | | Wooded | , | | | | The second secon | 2b. KIND OF BUS NDUSTRY | INESS OR |
| 13a. | USUAL RESIDEN | (E (Where deceas | ed lived, if insti | tutian: Residence | e before 13c. Cl | TY OR TOW | N 130 | d. INSIDE CITY | | 13e. STREET AND NUMBER 4201 Oglethrope | e Street | |
| | ATHER'S NAME | First | Midd | | Last | | THER'S MAII | DEN NAME | First | Middle | Last | |
| | Fred | erick | Krag | e | | | Hatti | e Ko | stet | tler | | |
| | WAS DECEASED EV | ER IN U.S. ARMED F | ORCES? | 16b. SOCIAL SE | CURITY NO. | 17. INFOR | | | | ADDRESS | | |
| (1) | es, na, ar unknav No | VN) {If yes give | war or dates of service) | 0.00 E.T | | Fred | lerick | Kra | ge | Lanesboro, Minn | | |
| | | DEATH (Enter on DEATH WAS CAUSED | BY: | | and (c).) | kull | | | | | APPROXIMATE BETWEEN ONSET | INTERVAL AND DEATH |
| | 968 | X IMMEDIA | ALE CAUSE (a) | R AS A CONSEQU | | | | | | | | |
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| | last. | don'i mg caoso | (0) | | | | | | | | | |
| - | PART 2. OTHER | SIGNIFICANT COND | ITIONS CONTRIBU | TING TO DEATH | BUT NOT RELATE | D TO THE 1 | TERMINAL D | ISEASE OR (| CONDITIO | DN GIVEN IN PART 1(α) | 1246 | |
| CERTIFICATION | 19a. DATE OF C | PERATION | | | ON FOR WHICH C | PERATION | | | | | 20. AUTOPSY | Y? |
| CER | 21a. EXTERNAL | | | F INJURY Manth, | 1. | 21c. HOW | INJURY OC | CURRED (Er | nter natu | are of injury in Part 1 or Part 2, Ite | m 18.) | -123 |
| MEDICAL | CAUSE OF DEAT | r contributing ['H | unk unk | N.M. 8-24 | +- 19 68 | Hit | with | sho | tgu | n | | |
| ME | 21d. INJURY OC | | PLACE OF INJURY | (At hame, farm, | , street, | 21f. LOCAT | ION Street | ar R.F.D. Na | | City or Town | Caunty | State |
| | AT WORK | AT WORK | ctary, office build | S S | 7371-7 | | | | H; | yattsville | PG | Md |
| | 22a. I | certify that I to | oak charge af | the remains | described abo | ve, held | an <u>Auta</u> | psy 🗷 , | In | spectian , Inquiry | ond in m | ny apinion |
| | death re | sulted from: | Natural car | uses 🔲, | Accident [] | , Suicio | le 🔲, | Homicio | de 🔀 | , Undetermined manner [| | |
| 19 | | (/ | 10.11 | ,1 | | | CHIE | F MEDICAL | EXAMIN | ER | | |
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| 33 | EXAMINER'S | Rona | 1d N. K | ornblum | ,MD | | | UTY MEDICA | | | mber 27, | 1968 |
| | NAME (Type) | | | | | | | RESS(Street | | own, or county) | | |
| 23a | REMOVAL (Spec | ify) | DATE | | NAME OF CEMETE | | | | | | (Caunty) (S | State) |
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| | HOWARD DIRECT | _{Юк} Н. Hubba | rd /10 | 7 Wilks | | | 21229 | DANSE | D 3 (| gistrar 25b. REGISTRAR'S S | an Queda | |
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FOR STATE HEALTH DEPTS

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TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State De te along with farm the funeral director. Page 4 shauld be forwarded to the Chief Medical Exa

Health priar to burial, crematian, ar removal, and in any event within 72 haurs after death.

| DECEASED-NAME (Type or Print) | It 9- | 26-68 ams Division | 1m 405 MARYLAND STA | TE DEPARTMENT OF | HEALTH | LAND 21201 | |
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| Male White AUG-I, (920 48 YRS. MONTES DAYS HOURS MAIN. Month 18 58/910:30arm 70. BIRTHPLACE (Stote or foreign country) L-LINOS 1. CHIZEN OF WHAT (QUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 10. CHY OR TOWN OF DEATH 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital quiring mostal work done long view street oddress) 120. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CHY OR TOWN 13d. Hospital 13d | 1. | Johr | | | | DEATH MATED 🔀 9- | 16-68 191:00ar |
| Maile White A C G 1, 42 C 4, 8 yrs. 18 581910:30amm | 3. SE | X 4. RACE | | | | | |
| 70. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED Never MARRIED 9. COUNTY OF DEATH Prince George's M. WIDOWED DIVORCED DIVORCED 120. USUAL OCCUPATION (find of work done during mosts) working life, gwegit refresh 126. KIND OF BUSINESS OR during mosts working life, gwegit refresh 126. KIND OF BUSINESS OR during mosts working life, gwegit refresh NDUSTRY ARMED FORCES NO. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MESSIDENCE (Where deceased lived, if institution: Res | 10.00 | 114444 | AUG 1, 1920/2 | | | 9" 16 | 681910:30an |
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| ISO. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ISC. CITY OR TOWN ISO. MISSING CITY LIMITS? ISO. STREET AND NUMBER SPOT Cricklewood Drive ISO. MOTHER'S MAIDEN NAME First Middle Lost ISO. MOTHER'S MAIDEN NAME First Middle Lo | 10. (| | give street oddress) | | during most | .CUPATION (Kind of work don f working life, even if retired | e 12b. KIND OF BUSINESS OR 1 INDUSTRY |
| Mary Tarnate Prince George's Oxon Hill YES NO 5907 Cricklewood Drive 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Uyes give wor or deleta I service) 160. SOCIAL SECURITY NO. 392 IC 025 DOROTHY S. KRUSH SAMEE AS # 13. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b). and (c).) PART I. DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a). Stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. INVESTMENT OF INJURY Month, Doy, Yeor 210. EXTERNAL CAUSE WAS 210. INJURY OCCURRED (Enter nature of injury in Part 1, or Part 2, or Part 2, them 18). | 120 | | Chambers Fu | meral Home | NON CO | 120 STREET AND NUMBER | - ARMED FORCE |
| 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN APPROXIMATE APPROXIMATE NITERVAL GETHER AS ## IS. A | | | | | | | wood Drive |
| 16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16b. SOCIAL SECURITY NO. 17. INFORMANT 39216025 DOROTHYS. KRUSH SAMTE AS # 13, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b). and (c).) PART I. DEATH WAS CAUSED BY: Combined intoxication - Ethyl alcohol PART I. DEATH WAS CAUSED BY: Combined intoxication - Ethyl alcohol DUE TO, OR AS A CONSEQUENCE OF and carbon monoxide Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c) DUE TO, OR AS A CONSEQUENCE OF Stating the underlying cause (c) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF | | | | | AIDEN NAME First | | |
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| B. CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Combined intoxication - Ethyl alcohol Canditians, if any, which gave nise to immediate couse (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF and carbon monoxide Canditians, if any, which gave nise to immediate couse (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF Due TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nise to immediate couse (a), stating the underlying cause (b) Due TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nise to immediate couse (a), stating the underlying cause (b) Due TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nise to immediate couse (b) Due TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nise to immediate couse (a), stating the underlying cause (c) Due TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nise to immediate couse (b) Due TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nise to immediate couse (b) Due TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nise to immediate couse (b) Due TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nise to immediate couse (b) Due TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nise to immediate couse (b) Due TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nise to immediate couse (b) Due TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nise to immediate couse (b) Due TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nise to immediate couse (b) Due TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nise to immediate couse (b) Due TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nise to immediate couse (b) Due TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave nise to immediate couse (b) Due TO, | | | FORCES? 16b. SOCIAL SECURIT | Y NO. 17. INFORMANT | 70000 | ADDRESS | De # 13. |
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| rise to immediate cause (a), stating the underlying cause and the underlying cause (b). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YESZ NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 them 18.) | | 7500 | DUE TO, OR AS A CONSEQUENCE | | d carbon | monoxide | |
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| 22a. I certify that I taak charge of the remains described abave, held an Autapsy 🕱, Inspection 🖾, Inquiry 🔲, and in my apinion | 15 | | | | | | horand f 1 |
| death resulted from: Natural causes 🔲 , Accident 🔲 , Suicide 🗷 , Hamicide 🔲 , Undetermined manner 🔲 | | death resulted from: | Natural causes , Accide | ent 🔲, Suicide 🗷, | Hamicide | Undetermined mann | er 🔲 |
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| EXAMINERS / | | | Walan Wa Diamani | | | | 7-17-00 |
| NAME (Type) John Kehoe MB. Riverdale, Md. ADDRESS(Street, city, town, or county) 230. BURIAL CREMATORY [23d. LOCATION (City or Town) & Afrota) | 234 | | | | | | (County) In the cont |
| CREMAN 9-18-1968 FT. LIMEOLN. CEM. COLMAR MANOR. MID | e | PEXXITON 9. | -18-1968 FT.L | INCOLN. CE | W. G | OLMAR MA | NOR MID |
| 24. FÜNERAL DIRSTOR W.W. Chambers Eo Inc. Washington, D. C. DATE SEP 2 6 1968 golverles Judge | W | W. Chamber | s Eo Inc. Washi | ington, D. C | | | _ |

VR A15ME (5) 10M REV. 1/6

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| HEALTH DEPT. | | CEASED-NAME | First | | | iddle | Lost | V. E. M. | 2o. DATE | KNOWN Mar | nth Doy | Year | 2b. HOUR |
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| AM e th our age | | AT WORK | T WHILE THE fact | tary, affice build | ding, etc.) | | | | | | | | |
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The S.H. Hines Co. Washington, D. C.

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VR A15ME (5) 10M REV. 1/68

2Sb. REGISTRAR'S SIGNATURE

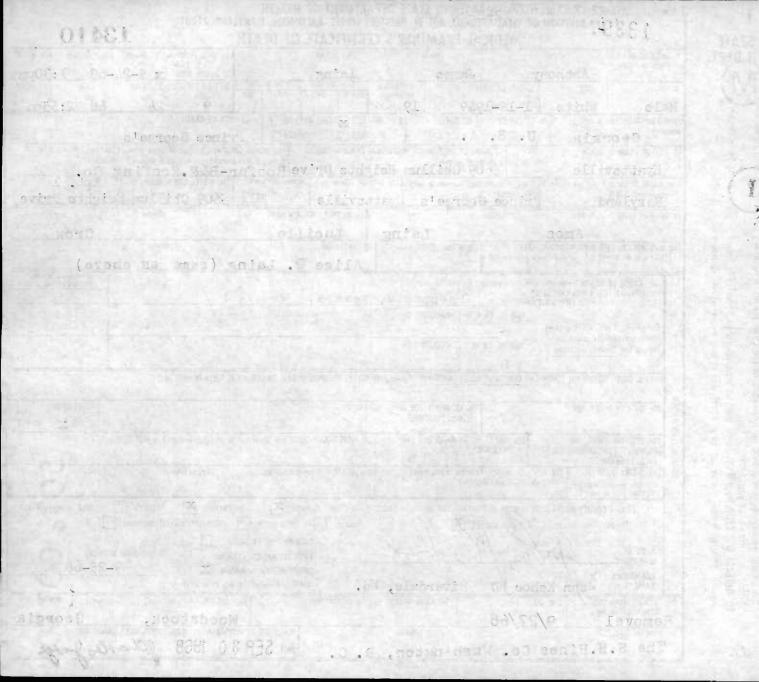
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4 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH 13412 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

| | 5 | | CLI | · i ii i cai | L OI DEAL | | | | | |
|------------------------|---|---|-------------------------------|---|---|---------------------------|-------------------------|----------------------------|------------------------------------|---------------------------------|
| | ASED-NAME Fi ne or print) | Baby | Middle Girl | LaP | lost cad | | OATE OF | 10 al. | 001968 ^{Yeor} | 2b. HOURP 2:30 M |
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| o. BIR | RTHPLACE (Stote or foreign | 7b. CITIZEN OF WHA | | | EVER MARRIED XX | | JNTY OF | | 3. | 111 43 |
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| 30. US odmissi M | SUAL RESIDENCE (Where dec ion) STATE aryland | eosed lived, if institution 13b. COUNTY Prince G | | abrook | VEC E71 | NO . | | 6 Washin | oton Div | |
| | THER'S NAME First | Middle | Lost | | THER'S MAIDEN NA | MF First | 341 | Middle | gron gry | Lost |
| | oland L. LaP | | | | ldred Lo | | DeHa | rt | | |
| 160. W | VAS DECEASED EVER IN U.S. | ARMED FORCES? | 6b. SOCIAL SECURITY NO. | 17. INFOR | | urse | Della | Address | | |
| Yes | , no, or unknown) (If yes g | ive wor or dates of service) | | Ro | nald L La | a Par | d S | Seabrook, | Md. | |
| 1 | B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI | | for (o), (b), and (c).) | 420 | arder | e 7 | | 0 | APPRO | XIMATE INTERVAL ONSET AND DEATH |
| ri s lo | onditions, if any, which go ise to immediate couse (v toting the <u>underlying cou</u> past. PART 2 OTHER SIGNIFICANT | OUE TO, OR AS | A CONSEQUENCE OF | Pr | Pecce de l'ecce | tu | rity | | | |
| NOL | 7735 Po. DATE OF OPERATION II | 9b. CONDITION FOR WHICH | H ODED ATION WAS DEDEON | DMEN | 2Do. AUTOPSY? | | 120h 16 | YES, WERE FINDING | CONCIDEDED IN | CEPTIEVING |
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| 3 0 | TO. ACCIDENT WAS UNDER I ☐ DR CONTRIBUTING ☐ CAUSE OF f either, notify medicol exc | DEATH HOUR A.M. | NJURY Month Doy Yeor 19 | 21c. HOW I | NJURY OCCURRED (| (Enter notur | e of injur | y in Port 1 or Port | 2, Item 18.) | |
| N. | While Not while | | OFFICE BUILDING, ETC. | / | | | | or Town | County | Stote |
| 2 | 2a. I certify that (I)> saw the deceased causes stated abo | (本字本多数句) atten I alive an— Sept ove, (I) (火火) (did) (c | ded the deceased | from_Sep 8_, and th by after deat | <u>t 19</u> , at in (my) (<u>our</u>) h. | 19 68 , apinian | to Se death o | pt. 19, accurred an the | 19 <u>68</u> , the date and hau | at (I) (we) las |
| 2 | 2b. SIGNATURE Was | em. Her | sterp " | OEGREE | 1 | MED. X DIRECTO | | | 2c. DATE SIGNED | 168 |
| 2 | 2d. PHYSICIAN'S NAME (Type) M | ax M. Herzb | | | | lge Pk | . Rd | ., Lando | ver, Md. | 20785 |
| | CALOVAL (Caralle) | Bb. DATE 9/21/68 | 23c. NAME OF CEM | | | | | N (City or Town) Manor | (County) Pro Geo | (Stote) Md. |
| 24. FL | JNERAL DIRECTOR F. (| Gasch's Son | s Hyattsvi | ille, M | | SEP 2 | | 1968 REGISTRA | R'S SIGNATURE | udge |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pshauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hau TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician. VR A15 (4)

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| | \$881 J. F. S. | | | |

Office along with form ein Item 18. Give Pages hours after death

13400

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 134 | 13 |
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| 1. DECEASED-NAME (Type or Print) | First | Y | Middle |) | Lost | | | 20. DATE KNOWN Month | Doy Y | eor | 2b. HOUR |
|-------------------------------------|-----------------------|-------------------------|---------------------|---------------------------------|----------------------|--------------------|-----------------|--|-------------|------------|----------|
| (Type of Thirl) | Denni | 5 7 | haddeus | | Ligon | Sr. | | DEATH MATED 19-30 | 0-68 | 19 5 | 10am |
| 3. SEX | 4. RACE | S. DATE OF BIR | TH | 6. AGE (In years last birthday) | MONTHS DAYS | IF UNDER HOURS | 24 HRS. MIN. | 2c. DATE PRONOUNCED DEAD | | 12334 | 2d. HOUR |
| Male | Negro | 7-28-19 | 914 | 54 YR | | Hooks | min. | Month 300 | 68 19 | 95:1 | LOam A |
| 70. BIRTHPLACE (Sto | ote or foreign 71 | . CITIZEN OF WH | AT COUNTRY? | 8. M | ARRIED NEVER M | IARRIED | 9. COL | INTY OF DEATH | | | |
| Country N. C. | | U.S.A. | | WIE | DOWED DIV | VORCED | P | rince George's | | | M |
| 10. CITY OR TOWN | OF DEATH | | | OR INSTITUTIO | N (If not in hospite | | | CCUPATION (Kind of work done | 12b. KIND (| OF BUSIN | NESS OR |
| Chever | lv | Pr | treet oddress) | orge H | ospital | | | f working life, even if retired.) | INDUSTRY | | |
| | NCE (Where deceose | d lived, if institu | tion: Residence b | efore 13c. CIT | Y OR TOWN | 13d. INSIDE CITY I | LIMITS? | 13e. STREET AND NUMBER | | | |
| Maryland | P | ince Ge | eorge 's (| Chapel | Oaks | YES N | 10 | 5325 Nye Stre | et | | |
| 14. FATHER'S NAME | First | Middle | | Lost | 1S. MOTHER'S M. | AIDEN NAME | First | Middle | | Lost | |
| | Braxton | Ligon | | | Ali | ce Als | ton | | | | |
| | EVER IN U.S. ARMED FO | RCES? | 16b. SOCIAL SECUI | RITY NO. | 17. INFORMANT | | (ety) | ADDRESS | | 11. | |
| (Yes, no, or unkno | WWII | or or dates of service) | | | Mary E. | Logon | -53 | 25 Nye St., Cha | apel 0 | aks | Md |
| 18. CAUSE O | F DEATH (Enter only | one couse per li | ne for (o), (b), an | d (c).) | | | | | | OXIMATE IN | |
| PART I. | DEATH WAS CAUSED | BY: CALISE (a) CO | erebro-v | rascula | r hemorr | hage | | | hou | | |
| 431 | 10 | DUE TO, OR | AS A CONSEQUEN | CE OF TV | ertensiv | e vasc | ula | r disease | over | . 3 : | yrs. |
| | ony, which gove | (b) | | 0.1 | | | | | A 3/29 | | |
| | diote couse (o), | | AS A CONSEQUEN | ICE OF | | | | | 4 - 11 - 12 | | -11-77 |
| lost. |) | (c) | | | | | | | | | |
| PART 2. OTHER | SIGNIFICANT CONDIT | IONS CONTRIBUTI | NG TO DEATH BUT | T NOT RELATED | TO THE TERMINAL | DISEASE OR O | ONDITIO | ON GIVEN IN PART I(o) | | | 1100 |
| = 33/) | X - I | | | | | | | nie de de de la companya | | | |
| 190. DATE OF 210. EXTERNAL | OPERATION | | 19b. CONDITION | | PERATION | | | | 20. A | UTOPSY? | 1 |
| TE | | | WAS PERFO | RMED? | | | | | YF. | ES 🔲 | NO St |
| | | | INJURY Month, Do | y, Yeor | 21c. HOW INJURY (| OCCURRED (En | ter natu | re of injury in Port 1 or Port 2, | Item 18.) | | |
| CAUSE OF DEA | OR CONTRIBUTING TH | HOUR A.J | | 19 | | | | | | | |
| - 110. HISOKI O | CCURRED 21e. PL | ACE OF INJURY (A | At home, form, sti | reet, | 21f. LOCATION Stree | et or R.F.D. No. | | City or Town | County | | Stote |
| WHILE AT WORK | NOT WHILE TOCK | ory, office building | g, etc.) | 30.73 | | | | | | | |
| | certify that I to | ok charge of th | ne remains des | scribed obay | ve. held an Aut | apsy 🗆 | Ins | spection 🔀 , Inquiry | , and | in my | opinian |
| | esulted from: | - | / | dent . | Suicide , | Homicid | _ | Undetermined monner | | γ | opinion |
| | 11 | 1 | 1 | | | HIEF MEDICAL | | | | | |
| ACTUAL SIGNATURE | 141 | no 1 | Jut | 71 | | SSISTANT MED | | | E SIGNED | | |
| EXAMINER'S | Marc | 1 | - | 1. | | EPUTY MEDICA | | | 10-1-6 | ø | |
| NAME (Type | | shoe MD | Rive | rdale. | | | | own, or county) | | | |
| 230. BURIAL, CREM | ATION, / 23b. f | | 23c. NAM | E OF CEMETER | Y OR CREMATORY | | 23d. | LOCATION (City or Town) | (County) | (Sto | ote) |
| REMOVAL (Spi | roly) 1 | 0-5-68 | | | Memorial | | 150 | | | (510 | , |
| 24. FUNERA | | | any Fune | | | 2So. REC'I | BY RE | itland Maryla GISTRAR 2Sb. REGISTRARS | S SIGNATURE | | |
| 301 | 5 12th St | reet. N | any rune | Tal Ho | me | DATE OC | T | 3 1968 PCla | rea Is | udgi | |

VR A15ME (5)

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Dela

necessary, please execute the certificate, writing the word "pending" in

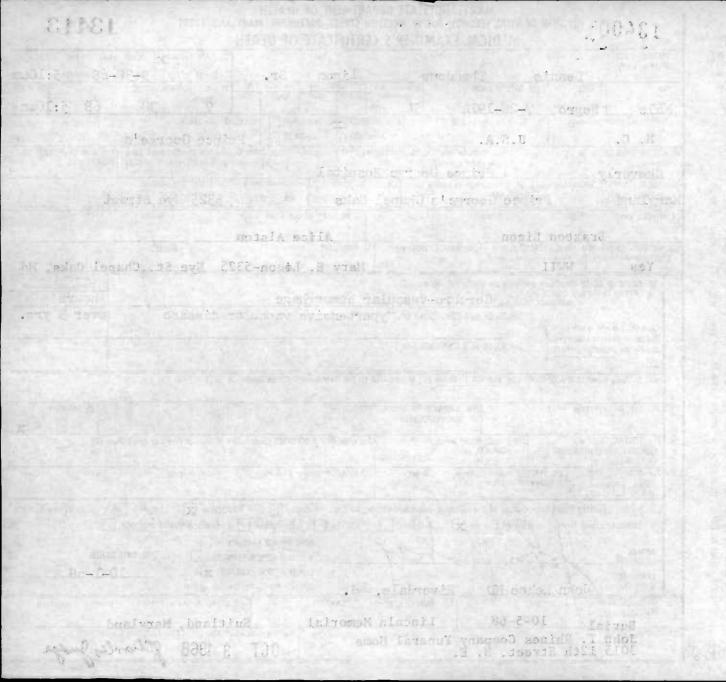
the funeral directar. Page 4 should be farwarded to the Chief Medical

5 may be retained far yaur files.

DICAL EXAMINER: This certificate should be executed

TO DEPUTY

Health prior ta burial, cremation, ar removal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH

13414 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| | 13401 | | | ERTIFI | CATE OF I | EATH | | | | |
|---------------|--|-----------------------|---|-------------|------------------|------------------------|-------------------------------------|-------------------|---------------------|-----------------------------------|
| | CEASED-NAME First | | Middle | | Lost | 20. | DATE OF DEATH | | | 2b. HOUR |
| (1 | ype or print) Clare | nce | H. | | Little | | Month | , Doy | Yeor 68 | B:15PN |
| 3. SE | X | 4. RACE | | | 5. DATE OF BIR | TH | 6. AGE (in ye | ors | IF UNDER 1 YEAR | IF UNOER 24 HRS. |
| | Male | Whit | te | | 08-04 | -96 | lost birthdo | | MONTHS DAYS | HOURS MIN |
| 7o. E | | b. CITIZEN OF WHAT | COUNTRY? | B. MARRIED | NEVER MARR | ED | UNTY OF DEATH | -17.0 | Coomo | |
| 10 0 | ITY OR TOWN OF DEATH | | E OF HOSPITAL OR INS | | | | CUPATION (Kind of work | | e Georg | BUSINESS OR |
| 10. 6 | Cheverly | give stre | eet oddress) | as Ca | n Hoen | during most of | working life, even if rengispecial | tired.) | INDUSTRY U.S. G | |
| | USUAL RESIDENCE (Where deceosed | lived, if institution | : Residence before | 13c. CITY C | OR TOWN 1 | d. INSIDE CITY LIMITS? | 13e. STREET AND NUM | BER | 1000 | |
| odmi | ssion) STATE Md. | 13b. COUNTY Prince | e Georges | Hvat | tsville | YES NO | 4408 Eas | st-We | est Hig | hwav |
| 14. F | ATHER'S NAME First | Middle | Lost | | IS. MOTHER'S MAI | DEN NAME First | | ddle | | Lost |
| | Claren | ce Lee l | Little | | Edyt | h O Hepb | urn | | | |
| | WAS DECEASED EVER IN U.S. ARMED | | 6b. SOCIAL SECURITY N | | INFORMANT | | | dress | | |
| 1 | es, no, or unknown) (If yes give war | 11 | 579 07 9 | 181 | Myrtle M | Little | Hyattsv | ille | | 1.73 |
| | 1B. CAUSE OF DEATH (Enter only | one couse per line | for (o), (b), ond (c).) | | | | | | | IMATE INTERVAL DNSET AND DEATH |
| | PART I. DEATH WAS CAUSED I | BY: CALISE (a) B1 | lateral I | Broncl | no-pne um | onia, se | vere. | | | |
| | 1541 | | A CONSEQUENCE OF | | ор. | | | | | |
| | Conditions, if ony, which gove | (b) St | atus one | year | post/re | ctum with | h carcinoma | of | rectum | and |
| | rise to immediate couse (a), (stating the underlying couse | | A CONSEQUENCE OF | | reg | ional ly | mph node m | etas | tasis | (by |
| | lost. | (c)_Se | vere Arte | rione | 744 | · · | - W = - Po Y | | Histo | |
| | PART 2. OTHER SIGNIFICANT COND | TIONS CONTRIBUTION | IG TO DEATH BUT NO | OT RELATED | TO THE TERMINAL | DISEASE OR CONDIT | TION GIVEN IN PART 1(0) | | | |
| N | 154 X | Ce | rebral ed | ema. | | Testa 1 | | | | |
| CERTIFICATION | 190. DATE OF OPERATION 19b. CO | | OPERATION WAS PER | | 20o. AUTOP | Y? | 20b. IF YES, WERE FIN | DINGS CO | INSIDERED IN C | ERTIFYING |
| RTIFI | All the second second second | | 1000 | | YES | NO 🔲 | CAUSES OF DEATH? | Yes | 51613 | |
| 1 00 | 210. ACCIDENT WAS UNDERLYING | | | 21c. | HOW INJURY OCCU | RRED (Enter notu | re of injury in Port 1 or | Port 2, I | tem 1B.) | |
| MEDICAL | OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner | | Month Doy Yeor | | | | | | | |
| _ | 21d. INJURY OCCURRED 21e. PI While Not while of work | LACE OF INJURY (A | T HOME, FARM, STREET, FAC FFICE BUILDING, ETC. | TORY,) 21f. | LOCATION Street | or R.F.D. No. | City or Town | | County | State |
| | 220. I certify that (I) (this- | hospital) atten | ded_the decease | d_from_ | 1-1 | , 1964 | , to U -8 | , 19_ | 6 that | t (I) (we)/as |
| | saw the deceased aliv | /e an | - X | 96×, a | nd thot in (my | (our) opinion | death occurred an | the dat | te and haur | and from the |
| | 22b. SIGNATURE | 1 | 10 1 | | ATTENDING | | STAFF - | 220 0 | DATE SIGNED | 12 |
| | and anyone and | e012 | uy- | DE | GREE PHYS. | DIRECTO | OR PHYS. L | 17 | -70 | 8 |
| | 22d. PHYSICIANS NAME (Type) Aaro | n Deitz, | | | | e Geo. I | Plaza, Hyat | | | aryland |
| 230. | BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DA Sept | | 68 23c. NAME OF O | CEMETERY O | e Cemete | ry 23d | LOCATION (City or Tov Baltimore, | ⁽ⁿ⁾ Md | (County) | (Stote) |
| 24. | F. Gasch's Sc | ons Hya | ADDRESS ttsville, | Md | | DATE SEP | 1968 25b. REG | Clip | SIGNATURE SIGNATURE | edge. |

xecuted within 24 hours after deoth. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Posshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificant Page 4 may be retained by the hospitol or ottending physicion.

- 3 Lm:

Cheverly Charles Carried Con. Ross. | That Lore mondates the conid. Frince Goorges by accessing the second stance and transmit

Control (Colored Colored Color

Willeland Broad of mountains, devotel

ADP. SELECT Status one orang rect recta vita carcino and rushiz (c) alemante poor nervi Inanleso

- arabs landered .

Moreon Defta, N. D. Prince Geo. Fland, Myattsville, Haryland

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Attended to the second of the

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV. 1/68

FOR STATE HEALTH DEPT.

iny delay is 2, and 3 ta

8. Give Pages 1

after death

This certificate shauld be executed within

DICAL EXAMINER:

TO DEPUTY

Page nt of alang with for necessary, please execute the certificate, writing the ward "pending" in pencil the funeral directar. Page 4 should be farwarded ta the Chief Medical Examin 5 may be retained far your files.

10 FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Health priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| | 1980. | | M | EDIC | AL EXAMI | NER'S | CERTIFI | CATE | OF DE | ATH | | | , | 13 | 116 | |
|-----------------------|-------------------------------------|-----------------------------------|---------------------------------|----------|---------------------------|----------------|----------------|-------------|------------------------|----------------|--------------|------------------------------|-----------|----------|-----------------------|-----------|
| | CEASED-NAME ype or Print) | Fi | rst | - | Middle | | | Last | 51 | | | KNOWN | Month | Day | Year | 2b. HOUR |
| (| ype or rillin) | Wa. | lter | | George | e | Mai | nn S | r. | | OF DEATH | MATED X | 9-20 | -68 | 19 5 | OOam |
| 3. SE | X | 4. RACE | S. DATE | OF BIR | TH 6 | . AGE (In year | rs IF UNDER | | HOURS | 24 HRS MIN. | 2c. DATE F | RONOUNCED | DEAD | | | 2d. HOUR |
| Ma | le | White | 2-1 | 7-19 | 904 | 11 | RS. MONINS | DATS | HUUK3 | muri. | Month | 2 | OA. | 68 | 19 7: | 50am |
| | SIRTHPLACE (Stote | 9 | 7b. CITIZEN | OF WHA | AT COUNTRY? | 8. | MARRIED N | EVER MARI | RIED 🔲 | 9. COU | NTY OF DE | ATH | | | | |
| coun | Wisc | onsin | U | . S | . A. | N | IDOWED [| DIVOR | CED 🗌 | Pı | rince | Georg | ze is | | | M |
| 10. C | ITY OR TOWN OF | DEATH | | | ME OF HOSPITAL (| OR INSTITUT | ION (If not in | hospital | | SUAL OC | CUPATION (| Kind of wo | rk done | | D OF BUSI | |
| | Cheverl | v | | Pri | nce George | rge H | ospita; | | | | stiga | ife, even if : ter | retired.) | U.S | Gov | t |
| 130. | USUAL RESIDEN | E (Where dece | ased lived, it | institu | tion: Residence be | efare 13c. C | ITY OR TOWN | 300 | INSIDE CITY L | | 100 | T AND NUM | | | | |
| 00 | mission) -STATE Mary Lan | d | Prince | e Ge | eorge 's | Gre | enbelt | | YES 🔼 N | 10 🗌 | 1 A | Garde | en Wa | ay | | 4.73 |
| 14. F. | ATHER'S NAME | First | | Middle | | Last | IS. MOTH | ER'S MAIDI | EN NAME | First | | Mid | dle | 1.61 | Last | |
| | | | | | Ma | nn | | | J | Jnkn | own | 100 | | | | |
| | VAS DECEASED EV es, no or unknow | | D FORCES? we war or dates of | sarviral | 16b. SOCIAL SECUR | | 17. INFORM | | | | | ADDRES | | | | |
| ,,,, | NO | (11 / 63 9) | 76 1101 07 00763 01 | | 387-10- | 8301 | Marga | ret | A. Ma | ann | - Sa | me as | # 1 | | | |
| | | | | | ne far (a), (b), ond | | | | | | | | | | PPROXIMATE WEEN ONSET | |
| | PAKI I. U | EATH WAS CAU | DIATE CAUSE (| o) He | eart fai | lure | | | | Gira | SIT | | | mi | nute | S |
| | 4100 | 1 | DUE | TO, OR | AS A CONSEQUENC | E OF Ar | terios | cler | otic | hear | rt di | sease | | un | lknow | n |
| | Canditions, if a | hy, which gave late couse (a). |) (| b) | | | | | | | | | | | | |
| | stating the un | | | TO, OR | AS A CONSEQUENC | E OF | | | | | | | | | | |
| | last. | 77.1 | , | c) | | | | | | | | | | | | |
| | PART 2. OTHER S | IGNIFICANT CO | NDITIONS CON | TRIBUTII | NG TO DEATH BUT | NOT RELAT | ED TO THE TER | MINAL DIS | SEASE OR C | ONDITIO | N GIVEN IN | PART I(a) | | | | |
| NO | 7200 | DED ATION | | | 101 CONDITION F | OB MILIER | 225247124 | | | | | | | lai | | |
| CATI | 19a. DATE OF O | PEKATION | | | 19b. CONDITION FO | | JPERATION | | | | | | | 20 | AUTOPSY | |
| ERTIF | 21a. EXTERNAL (| AHCE MAC | loth T | IME OF I | NIHIDY Manth Davi | V | Total HOW IN | HIDV Occ | HDDED /F- | | | | 0 . 0 . | 10) | YES | ио 🔀 |
| AL C | PRIMARY [] OI | CONTRIBUTING | | OUR A.N | | | 21c. HOW IN | JUKT UCC | UKKED (EN | ter notu | re at injury | in Port I of | Port 2, I | tem 18.) | | |
| MEDICAL CERTIFICATION | 21d. INJURY OCC | | DI ACE OF IN | P.A | A. It home, form, stre | 19 | 21f. LOCATIO | M Ctroat or | DED No. | | City | Taura | | County | | Cana |
| ~ | WHILE NO | | factory, affice | | | et, | ZII. LUCATIO | N Street of | K.F.D. NO. | | City | or Town | | County | 1 | State |
| | | | | Cal | | 21 1 1 | 1.11 | 4. | | | | 9 | | 7 | | |
| - 2 | | - | | | ne remains desc | | | _ | . — | _ | pectian [| | uiry _ | - | nd in my | y opinion |
| | aeam re | sulted fram: | Naturo | II Catis | es 🔀 , Acci | dent V/ | , Suicide | | Homicid | | | ermined i | manner | | | |
| | ACTUAL | / | Lot | 1 | 14 0 | 10- | P | | MEDICAL | | | | 22b. DATE | CICHED | | |
| | SIGNATURE | 1 | TV | m | -/ hix | 1 | M | .v. | TANT MEDI TY MEDICA | | | J | | 9-20- | -68 | |
| | NAME (Type) | John K | ehoe M | D | Riverda | le M | d. | | | | WN, OT COUN | ty) | | / ~0 | 00 | |
| 23a. | BURIAL, CREMAT | | b. DATE | | | _ | RY OR CREMA | | - | | | (City or Taw | (n) | (County) | 151 | ate) |
| | Burial Speci | 6.3 | 9-23-6 | 8 | | | Cemete | | | | | ee - | | , ,, | 1- | isc. |

ADDRESS

F. Gasch's Sons - Hyattsville, Maryland

25b. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

VR A15ME (5) 10M REV. 1/68

24. FUNERAL DIRECTOR

| 9:2 20-0 | | -12 mil | t-1000 | will be a second |
|-------------|--|--|----------------------|-----------------------|
| A COLOR | | | 13 1 1 1000-10 | 4 |
| | digital constant | Market Company of the | | atama seri |
| Atvas R. M | | I Inthes | Trine Bear a | |
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| all - ourne | will - outlinelin | yev2map) | Jovico. | -ta-a Latent |
| | | · · · · · · · · · · · · · · · · · · · | | - mas o'pana .T |

FOR STATE HEALTH DEPT. any delay is 2, and 3 ta PM3. Page Department of 18 Give Pages This certificate shauld be executed within 24 hours after death Health prior to burial, cremation, or removal, and in any event within 72 hours atter necessary, please execute the certificate, writing the ward "pending" in pencil in Hery the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

13404

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

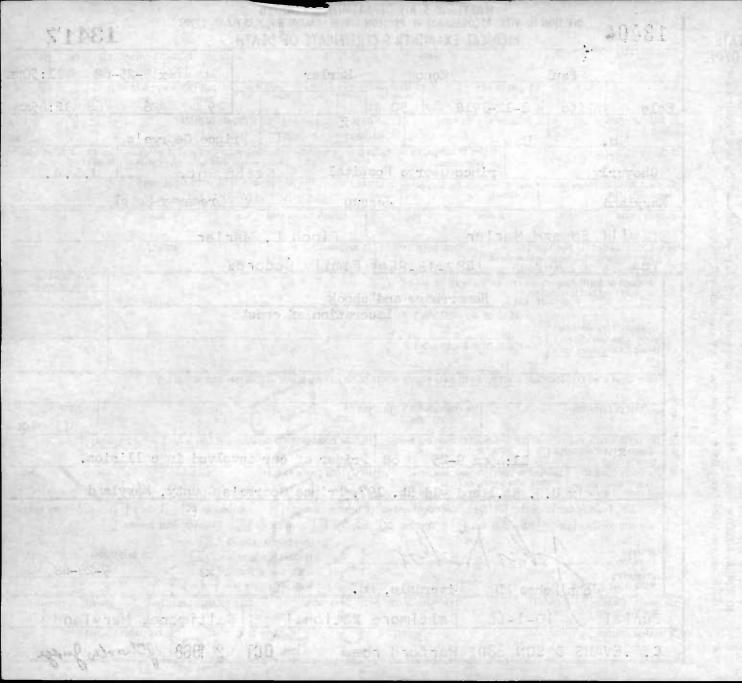
13417

| | ECEASED-NAME Type or Print) | Fire | st | Middle | | 161 | Lost | | | 20. DATE KNOWN Month | n Doy | Yeor | 2b. HOUR |
|-----------------------|--------------------------------|-------------------------------------|---------------------------|-----------------------------|---------------------------------|--------------|------------------|------------------|------------|---|-------------|-----------------------------|------------|
| 1 | ype of rilling | Pau | l | Zeno | | | rler | | | OF ESTI- DEATH MATED \$ 9-2 | 5-68 | 19] | 1:50pm |
| 3. SE | X | 4. RACE | S. DATE OF BIR | TH 6. | AGE (In years last birthday) | MONTHS | R 1 YEAR DAYS | IF UNDER S | 24 HRS. | 2c. DATE PRONOUNCED DEAD | | | 2d. HOUR |
| | | White | 1-12-1 | 918 | 50 YR | | DATS | HOOKS | Milit | Month 2 Day | 68 | §" 19 12 | :45am |
| | BIRTHPLACE (Stot | e or foreign | 7b. CITIZEN OF WH | AT COUNTRY? | 8. M | ARRIED TO | NEVER MA | RRIED 🗌 | 9. COU | NTY OF DEATH | 37.00 | e dan | 1700 |
| coun | Mo | | USA | | | DOWED 🗌 | | RCED 🗌 | Pr | ince George's | | | Mo |
| 10. C | ITY OR TOWN O | F DEATH | | ME OF HOSPITAL OR | | | | | SUAL OC | CUPATION (Kind of work done | 12b. KI | ND OF BUS | INESS OR |
| | Chever | | Pri | treet oddress) nce Georg | ge Hos | spita: | 1 | S | most o | f working life, even if retired.) F. S.a.t | INDUSTR | S.A | |
| 130. | USUAL RESIDEN | CE (Where deced | sed lived, if institu | tion: Residence bef | ore 13c. CIT | Y OR TOWN | 13 | d. INSIDE CITY L | | 13e. STREET AND NUMBER | | | |
| 9 | mission) STATE | 1 | JSb. COUNTY | DUFFE, | Jes | ssup | | YES N | 0 | Greenway Moto | el | | |
| 14. F | ATHER'S NAME | First | Middle | Lo | st | 15. MOTH | HER'S MAI | DEN NAME | First | Middle | 1735 | Lost | ł |
| | Wi1 | 1 Edwa | rd Marle | er | | F | inc | h L. | Ма | rler | | | |
| | | ER IN U.S. ARMED | FORCES? | 16b. SOCIAL SECURIT | Y NO. | 17. INFORM | ANT | 1 | | ADDRESS | | | |
| 1/ | YES | ALL ABZ BO | year or dates of service) | 487-18. | 849 | Fam | nily | Reco | ord: | 5 | | | |
| 5 | 18. CAUSE OF | DEATH (Enter o | nly one couse per li | ne for (o), (b), ond | (c).) | | | | | | | APPROXIMATE ETWEEN ONSET | |
| | PART I. D | DEATH WAS CAUSE | ED BY: IATE CAUSE (a) H | emorrhage | e and | shock | k | | | | - | | |
| | 8/2 | 0 | DUE TO, OR | AS A CONSEQUENCE | | | | of che | est | | | 15 4 | |
| | Conditions, if o | ony, which gave liote couse (o), |) (b) | | | | | | | | | 163 | |
| | | iderlying couse | | AS A CONSEQUENCE | OF | 36,00 | | | | | 1 30 | | |
| | last. | TO OTHER |) (c) | | | | | | | | | | |
| | PART 2. OTHER | SIGNIFICANT CON | DITIONS CONTRIBUTI | NG TO DEATH BUT N | OT RELATED | TO THE TE | RMINAL D | ISEASE OR C | ONDITIO | N GIVEN IN PART 1(0) | | | |
| z | 8164 | | | | | | SE E | | | | | | |
| ATIO | 190. DATE OF O | PERATION | | 19b. CONDITION FOR | | PERATION | | | | | 20 | O. AUTOPSY | (? |
| TIFIC | 1000 | | | WAS PERFORM | | | 3. 3 | | M. | | 9 (1) | | NO 🔀 |
| MEDICAL CERTIFICATION | 210. EXTERNAL | CAUSE WAS R CONTRIBUTING | 21b. TIME OF HOUR A.I | NJURY Month, Doy, 1 | eor | 21c. HOW I | NJURY OC | CURRED (En | ter notu | re of injury in Part 1 or Port 2, | , Item 18.) | | |
| DICA | CAUSE OF DEAT | H | 11:45% | m 9-25 | 9 68 | Drive | er o | f car | inv | rolved in coll | ision | 1. | |
| ME | 21d. INJURY OC | CURRED 21e. | PLACE OF INJURY (| At home, form, stree | t, | 21f. LOCATIO | ON Street | or R.F.D. No. | He i | City or Town | Coun | ty | Stote |
| | AT WORK | OT WHILE TO U | S. Rt.1 | and Old I | Rt. 1 | 97. P | rince | e Geo: | rge I | s County, Mar | yland | 1 | |
| | | | taak charge af tl | | | | | | | | | | ny apinian |
| | death re | sulted fram: | Natural caus | es , Accid | ent X, | Suicide | | Homicid | e 🔲 | Undetermined manne | er 🗌 | | |
| | | 1 | 1 | V // | | | CHII | EF MEDICAL | EXAMIN | ER 🗆 | | | |
| | ACTUAL SIGNATURE _ | 1 | Tan 1 | lette | 4 | | AD ASS | ISTANT MED | ICAL EXA | MINER 22b. DA | TE SIGNED | | - 10. |
| | EXAMINER'S | | | | | N | | UTY MEDICA | | | 9-2 | <u> 26–68</u> | |
| | NAME (Type) | John/K | ehoe MD | Riverda | ale, l | Md. | | | , city, to | wn, or county) | 1.00 | 32 | |
| 230. | BURIAL, CREMA | TION 23b | DATE | 23c. NAME | OF CEMETER | Y OR CREM | | | | LOCATION (City or Town) | | | itote) |
| 0 | BUT 3 | I'V' | 10-1-68 | Balti | more | Nat | ion | a1 | | Baltimore, N | 1ary | land | |
| D 4. | FUNERAL DIRECT | | | AD | DRESS | 13.35 | 1493 | 2Sa. REC'C | BY RE | GISTRAR 2Sb. REGISTRAR | R'S SIGNATU | JRE | 1983 |
| | C.F.E | VANS & | SON 880 |)2 Harfo | ord r | oad | | DATE G | CT | 2 1968 PCL | arla | Qued | Las |

5 may be retained far your files.

DICAL EXAMINER:

O DEPUTY



| | 13405 | | | (| ERTIF | ICATE OF | DEATH | | | | | 10. | |
|-----------------------|--|--|---|--|-----------|--------------------|-------------------------|--------------------------------|--|-----------|------------------------|------------------------|------------------|
| | ECEASED-NAME Type or print) Mo | First Se | Middle Lost 2a. DATE OF DEATH Month Day September 3 | | | | | | | Dgy | 1968 | | OP M |
| 3. S | Male | 4. RACE Ne | gro | | | S. DATE OF 1 | 5/1908 | | 6. AGE (In years lost birthday) | RS. IF L | THS DAYS | IF UNDER HOURS | 24 HRS. MIN. |
| 10. | BIRTHPLACE (Stote or foreign ntry) N. C. CITY OR TOWN OF DEATH Lenn Dale | 7b. CITIZEN | 11. NAME OF | HOSPITAL OR INS | WIDOWE | f not in hospital | DRCED 120. USU during m | AL OCCUPATION | nce Georg | ne 1 | 2b. KIND OF NDUSTRY | BUSINESS | Md. |
| 13o. | USUAL RESIDENCE (Where dission) STATE | eceosed lived, if i | nstitution: Re | | 13c. CITY | | 13d. INSIDE CITY I | | REET AND NUMBER Logan C: | lrel | e, N. | W. | |
| 14. | FATHER'S NAME First W11 | | ddle | lost | ∍y | 1S. MOTHER'S A | Dans | | Middle | | Ramse | Lost | |
| | . WAS DECEASED EVER IN U.S. (es, no, or unknown) (If yes | ARMED FORCES? give war or dates of ser | vice) | OCIAL SECURITY N | 282 | . INFORMANT —Deced | PAUL / | NASSE | Addres · NE u | 415 | E. D | 57. | public ! |
| | 18. CAUSE OF DEATH (Entremental PART I. DEATH WAS COMMITTED IN THE PART I. DEATH WAS CONDITIONAL PROPERTY OF THE PART IN THE P | AUSED BY: MEDIATE CAUSE (o) DUE TO OVE (o), (b) | Prima), OR AS A CO | (o), (b), ond (c).) ATY hepe ONSEQUENCE OF CONSEQUENCE OF HOSIS O: | atoma | with m | | | | | est thun | INSET AND D | EATH DO MO |
| 7 | PART 2. OTHER SIGNIFICANT | | | | | | AL DISEASE OR | CONDITION GIVI | N IN PART I(o) | | | | |
| TIFICATIO | 190. DATE OF OPERATION | 19b. CONDITION F | OR WHICH OP | ERATION WAS PER | RFORMED | 20o. AUT YES [2 | | | F YES, WERE FINDIN S OF DEATH? Yes | GS CONSI | DERED IN C | ERTIFYING | ; |
| MEDICAL CERTIFICATION | 21o. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE O (If either, notify medical ex 21d. INJURY OCCURRED | F DEATH HOUR | P.M. | th Doy Yeor 19 | | HOW INJURY OF | | er noture of inju | ory in Port 1 or Por | | 1B.) | S | itote |
| | While Not while of work 22a. I certify that to saw the decease causes stoted of | ave, 10°(we) |) attended | the decease | / | THE THEFT ITT WA | 1 | 68 _, ta inian death | 9/3/, occurred on the | dote | | 独 (w and fro | e) last m the |
| | 22b. SIGNATURE | 1. | 11 | | | | | | and the second | 22c. DATE | SIGNED | | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleter, tiled in by the fidirector, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after Page 4 may be retained by the haspital ar attending physician.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed w

TO HOSPITAL OR

PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify)

DEGREE

ATTENDING PHYS.

MED. DIRECTOR

STAFF PHYS. X Glenn Dale Hospital

22c. DATE SIGNED 9/3/68

Moe Weiss, M. 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

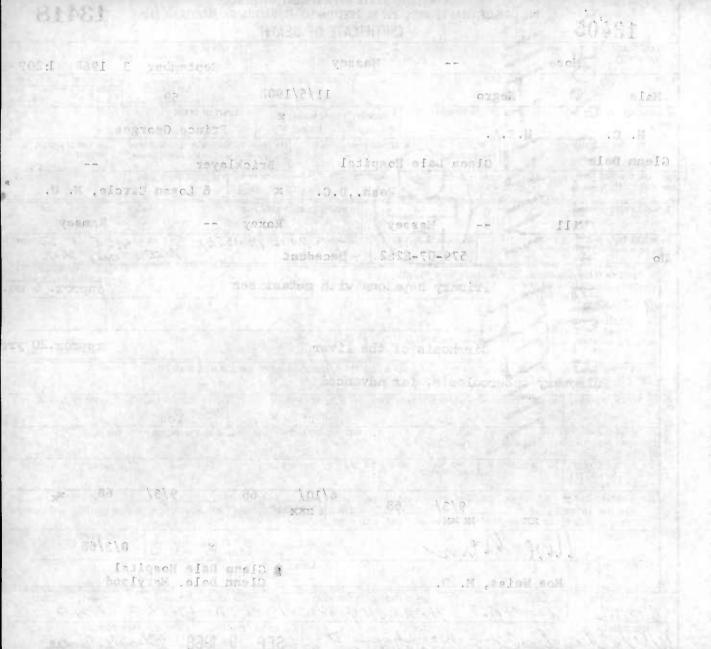
23d. LOCATION (City or Town) LANDOUER

Glenn Dale, Maryland

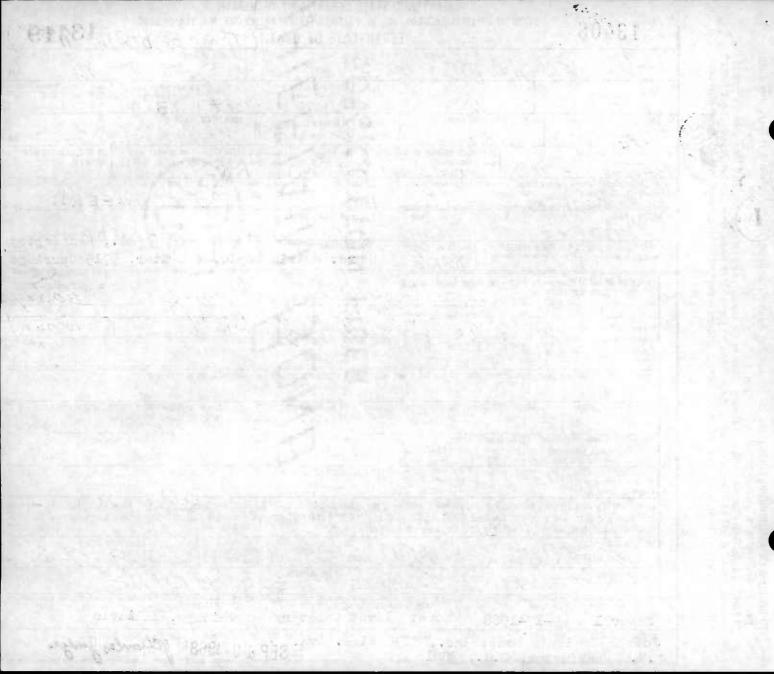
(County)

(Stote)

2Sa. REC'D BY REGISTRAR DATSEP 9 1968 REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH



after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remade carbon pashauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within

VR A15 (1) 30M REV.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate **be**: Page 4 may be retained by the haspital ar attending physician.

funeral

within 24 haurs after death.

13407

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

13420

| | CEASED-NAME First Middle | Last 2a | . DATE OF DEATH | 2b. HOUR |
|---------------|--|--------------------------------|--|--|
| (| ype or print) BABY Girl Me. | Rae | Sept 26 | Yeor 1968 16 M |
| 3. S | X 4. RACE | 5. DATE OF BIRTH | 6. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| TI. | Fumle white | -26-68-12h. | lost birthday) YRS. | ONTHS DAYS HOURS MIN. |
| | SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPHED F | | OUNTY OF DEATH | |
| (00 | MAY WIDOWED | DIVORCED | rinee Se | CNCOS MA |
| 10. | TV OR TOWN OF DESTIN | | CUPATION (Kind of work done | 12b. KIND OF BUSINESS OR |
| | Chever by Give street address) P. rine Cen | during most of | working life, even if retired.) | INDUSTRY |
| 13o. | USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR | TOWN 13d. INSIDE CITY LIMITS? | 13e. STREET_AND NUMBER | n 1 |
| adm | ssion) STATE Maryland 13b. COUNTY Prince Geo Laure | YES NO | Box 253, Bowie | Road |
| 14. | ATHER'S NAME First Middle Last IS | MOTHER'S MAIDEN NAME First | Middle | Lgst |
| | Rufble Me Rue | xxxxxxxx Ela | ine Deloris | Hall |
| | | IFORMANT | Address ab | 2770 |
|) | es, not 8 unknown) (If yes give war or dates of service) Mo | ther | as and | ove , |
| | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) I mmat | rita | | DETTIENT ONCE AND DESTI |
| | DUE TO, OR AS A CONSEQUENCE OF | | | |
| | Candistan it and which and | 1 01 7 | o weeks. | |
| | nse to immediate cause (a), | mon of 2 | o weed. | |
| | stating the underlying cause lost. | | | |
| | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO | THE TERMINAL DISEASE OR CONDI | TION CIVEN IN DART I/a | |
| | 7 7 6 | THE TERMINAL DISEASE OF COMDI | HOW SIVEN IN PART I(U) | |
| LION | 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20o. AUTOPSY? | 20b. IF YES, WERE FINDINGS COM | ISIDEPED IN CEPTIFYING |
| FICA | The ball of oteknion The compliant of which of examina the feet of the | YES KIK NO | CAUSES OF DEATH? Yes | |
| CERTIFICATION | 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HC | | ure of injury in Port 1 or Part 2, Ite | |
| | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor | W INDOK! OCCORRED (Elliel Hole | se of injury in roll 1 of rull 2, he | iii 10.) |
| MEDICAL | (If either, notify medical examiner) P.M. 19 | CATION CO D.C.D. N | | £ |
| ~ | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LO | CATION Street or R.F.D. No. | City or Town | County State |
| | While Not while of work OFFICE BUILDING, ETC. | | | |
| | 22a. I certify that (f) (this haspital) attended the deceased fram—saw the deceased alive an———————————————————————————————————— | 19-20- 1908 | , ta 7-26-, 190 | , that (we) last |
| | causes stated abave, (b) (we) (did) (did not) view the bady after a | eath | i death accurred an the date | e and navr and tram the |
| | 22b. SIGNATURE | out. | 22c. DA | ATE SIGNED |
| | 12 lus gone 2 DEGR | EE PHYS. MED. | OR PHYS. A | -76-68 |
| | 22d. PHYSICIAN'S | 22e. ADDRESS | | B 11 |
| , | NAME (Type) KENE LIONES | Prince | (eur Gers | S. H. |
| 230 | BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR | CREMATORY 23c | d. LOCATION (City or Town) | (County) (State) |
| | REMOVAL (Seecify) 10/12/68/ Prince George | | Cheverly, Mary | land |
| 24. | FUNCKAY DIRECTOR ADDRESS A | Hospassaric'd By REC | GISTRAR 2Sb. REGISTRAR'S SI | GNATURE |
| 7 | Marry W. Ponn, Jr. Jaministrator | DATE OCT | 1 5 1968 Pelia | rlas Judge |
| | | | | |

the residence of the control of the (ISTOP)

Interior Development Transport

Mezinis

Lost

Caunty

State

DECEASED-NAME

(Type or print)

1340\$

First

Marie

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF

Middle

H.

| DEATH | | | 14920 | | | | | | |
|-------------|--------------|--------------------------------|----------|------|-------------------|-----------------|--|--|--|
| | 2a. DATE OF | DEATH Month Pay | 'n | 968 | | HOUR 25PM | | | |
| RTH 1899 | | 6. AGE (In years los birthdoy) | IF UNDER | OAYS | 1F UNOER HOURS | 24 HRS. MIN. | | | |
| BILD | 9. COUNTY OF | DEATH | | | | | | | |

| . SEX | .4. RACE | . RACE | | S. DATE OF | BIRTH | 1 | | 6. | AGE (In years | IF UNDER | | 1F UNOER 24 | | |
|----------------------------|--------------------------------|-----------------|---------------------|-------------|--------------|-------|---------------|----------------------|---------------|----------------------|--------|-------------|----------|---|
| Female | | White | | | 8/9 | /18 | 399 | | | og birthdoy) | MONTHS | OAYS | HOURS | |
| o. BIRTHPLACE (State or fo | reign 7b. CITIZE | N OF WHAT CO | UNTRY? | 8. MARRIED | NEVER A | ARRIE | рΠ | 9. COUNTY | OF DE | ATH | | | X.A | |
| Pa. | U. | S.A. | | WIDOWED | | ORCE! | | Pr: | inc | e Georges | | | | |
| O. CITY OR TOWN OF DEAT | Н | | HOSPITAL OR INS | | | | 12o. USU. | AL OCCUPAT | ION (Ki | nd af work dane | | (IND OF I | BUSINESS | 0 |
| Glenn Dale | | giverreet | n Dale | Hospi | tal | | during m | ost of work known | ing life | e, even if retired.) | INDU | unk | nowi | 1 |
| 30. USUAL RESIDENCE (Whe | | | sidence befare | 13c. CITY C | R TOWN | 13d | INSIDE CITY I | IMITS? 13e | STREE | T AND NUMBER | | | 11111 | |
| dmission) STATE | √3b. ((| YTAUC | | lash. | . D. C | Y | ES 🔀 N | 0 4 | 419 | Kennedy | St., | N. | W. | |
| 4. FATHER'S NAME Fir | st A | Middle | Last | | 1S. MOTHER'S | MAID | EN NAME I | First | | Middle | | | Lost | |
| Joh | in | | Frey | | | | Lou | ise | | | I | etz | | |
| 6a. WAS DECEASED EVER I | | | OCIAL SECURITY N | 10. 17. | . INFORMANT | | | THAT | | Address | TUST | | | |
| Yes, na, ar unknown) | (If yes give war or dates of s | ervice) 57 | 7-68-69 | 86 | Dece | der | it | | | | | | | |
| 18. CAUSE OF DEATH | (Enter anly ane caus | se per line for | (a), (b), and (c).) | | | | | | | | В | APPROXIN | | |
| PART I. DEATH W | AS CAUSED BY: | Sever | e hypot | hyroi | dism v | rit | h myx | edema | | | | rear | | |

| PART I. DEATH WAS CAUSED | Severe hypothyroidism with myxedema | Years |
|---|--|---------|
| 244 XIMMEDIATI | DUE TO, OR AS A CONSEQUENCE OF | 3 5 5 5 |
| Conditions, if any, which gave rise to immediate couse (a), | (b) | |
| stating the underlying cause | DUE TO, OR AS A CONSEQUENCE OF (c) | |
| PART 2. OTHER SIGNIFICANT COND | TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | (a) |

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T YES

21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year

(AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town

While Nat while at wark 220. I certify that (this hospital) ottended the deceosed from. that the (we) lost 19 68, and that in (2014) (our) opinion death occurred an the date and hour and from the saw the deceased alive an.

causes stated above, (we) (did) dicherate view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. 9/15/68 X DEGREE PHYS.

> Glenn Dale Hospital Glenn Dale, Maryland 22e. ADDRESS Moe Weiss, M. D.

23C NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE REMOVAL (Specify)
Removal

Washington, D. C. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 1968

VR A15 (4) 30M REV. 1/68

PHYSICIAN'S NAME (Type)

24. FUNERAL DIRECTOR

director, page 3 shauld be detached far use as the burial-transit permit. Then p shauld be filed with the State Dept. af Health priar ta burial, cremation, ar removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial-transit permit. Then

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending

in any event, with remove carbon

physician and completely

within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

13421

| | ECEASED-NAME Type or print) GER | TRUDE | BROWN. | E M | lost 11LLE | R | 20. DATE OF | DEATH Month 17 Do | y 1968 Yeor | 26. HOUR |
|---------------|---|---|--|--------------|---------------|------------------|-----------------------|---|-----------------------------|-------------------------------|
| 3. S | Female | 4. RACE | hite | 5. | PATE OF BI | 1. 18 | | 6. AGE (In years lost birthdoy) 92 YRS. | IF UNDER 1 YEAR MONTHS OAYS | IF UNDER 24 HRS. HOURS MIN |
| cou | BIRTHPLACE (State or foreign ntry) Marca | 76. CITIZEN OF WHAT | a. | MARRIED 🔀 | DIVOR | RCED 🗆 | | ince Du | | Md |
| 10. | Hyattsvelle | give stre | E OF HOSPITAL OR INSTIT | dnor | | during mos | of working | (Kind of work done life, even if retired.) | INDUSTRY | BUSINESS OR |
| odm | HISMAL RESIDENCE (Where deceos | ed lived, if institution 13b. COUNTY | | Ouk. P | | YES NO | | REET AND NUMBER 19 Easliven | Evenus | |
| | FATHER'S NAME First Deorge | Middle | Browne | | | AIDEN NAME Firs | t | Middle | Rays | lost |
| 160. | . WAS DECEASED EVER IN U.S. ARM (es, no, grunknown) (If yes give w | or or dates of consists | 66. SOCIAL SECURITY NO. 213-56-148 | 111.4 | ormant) | 1. Mill | u, 7: | SOS Hanc | | inul |
| | 1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA | | for (o), (b), and (c).) | hopm | gan. | nea | | | BETWEEN C | ONSET AND OEATH |
| | Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause | (b) | A CONSEQUENCE OF A CONSEQUENCE OF | l'Cere | bral | arten | iosel | levorès | 5 | po. |
| | lost. PART 2. OTHER SIGNIFICANT CON | (c) | | RELATED TO T | HE TERMINA | L DISEASE OR COM | NDITION GIVE | N IN PART 1(o) | | |
| CERTIFICATION | 33 4 × 190. DATE OF OPERATION 196. | CONDITION FOR WHICH | OPERATION WAS PERFO | DRMED | 20o. AUTO | | | YES, WERE FINDINGS (OF DEATH? | CONSIDERED IN C | ERTIFYING |
| MEDICAL CERTI | 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin | HOUR A.M. | NJURY Month Doy Yeor | 21c. HOW | | | noture of injur | ry in Port 1 or Port 2, | Item 18.) | |
| ME | 21d. INJURY OCCURRED 21e. While Not while of work | PLACE OF INJURY (AT | T HOME, FARM, STREET, FACTOR FFICE BUILDING, ETC. | | | | | or Town | County | Stote |
| | 22a. I certify that (I) (the saw the deceased a causes stated above | live an se | 15 196 | 8 and t | hot in (m | y) (our) opini | on deoth o | occurred an the do | 68, that ate and hour | (I) (we) lost and from the |
| | 22b. SIGNATURE | g. Fles | To m.D | DEGREE | 11113. | DIR |). ECTOR \square | STAFF PHYS. 22c. | DATE SIGNED | 68 |
| | 22d. PHYSICIAN'S NAME (Type) JA | mes J. | Faster 1 | | 22e. ADD | 915 | | th N.W. | WA | sh. |
| 230. | BURIAL, (REMATION, 23b. 1) REMOVAL (Specify) Sc | 120, 196 | 23c. NAME OF CEA | | | emely | La | | | (Stote) my land |
| 3 | FUNERAL DIRECTOR | 207/ Cano | ADDRESS A | Mark | 100 | 250 RECIP BY | | 2Sb. REGISTRAR'S | SIGNATURE | |

uneral and 2

be executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

and campletely filled in

death.

13410

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13422

| | | ECEASED-NAME | First | | Middle | | Lost | 2a. DAT | TE OF DEATH | | | 2b. H | OUR | |
|----|---------------|--|------------------------|---------------------|--|---------------|------------------------------------|-------------|---|--------------|----------------|-------------|--------|--|
| | (1 | (ype or print) | Roy | | Emile | M | ILLER | Se | ptember | 28 | 1968 | 6: | 30M | |
| | 3. SE | X | | RACE | | 5 | DATE OF BIRTH | | 6. AGE (In year | ors IF | UNDER I YEAR | IF UNDER 2 | 4 HRS. | |
| | | Male | | Cat | ıcasian | | 12/30/8 | 4 | last birthday | | NTHS DAYS | HOURS | MIN. | |
| | | BIRTHPLACE (State or fo | oreign 7b. (| CITIZEN OF WHAT | COUNTRY? | MARRIED TX | NEVER MARRIED | | Y OF DEATH | | | | | |
| 1 | Edul | Missouri U. S. A. WIDOWED DIVORCED Prince George's | | | | | | | ge's | | | Md. | | |
| Ì | 10. C | D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done | | | | | | | | | 12b. KIND OF B | | OR OR | |
| 0 | | Greenbe | | Gre | eet address) eenbelt Co | | | | king life, even if ret ducation de. STREET AND NUME | ired.) | WDUSTRY N | ld. | | |
| / | 13a. admi | USUAL RESIDENCE (Wh | ere deceased liv | red, if institution | : Residence before | | | | | | | | | |
| 2 | u de i ii | ission) STATEMary | rland ' | 3b. COUNTY P1 | c. Geo. | Univ. | Park YES W N | 0 . | 4306 Tuck | erman | Stree | et | | |
| / | 14. F | | irst | Middle | Last | 15. | MOTHER'S MAIDEN NAME | First | Mic | ddle | 1100 | Last | | |
| | | Will | iam | T | Miller | | Ma | ary | | | Burton | | 1721 | |
| ı | 16a. | WAS DECEASED EVER 1 | | | 6b. SOCIAL SECURITY NO | . 17. IN | ORMANT | 11115 | Add | ress | | | | |
| | Y | es, no, or unknown) | (If yes give wor or do | otes of service) | | | Esther B Mil | ler | Univer | rsity | Park | , Md | | |
| ŀ | | 1B. CAUSE OF DEATH | /Enter only on | n squee per line | for (a) (b) and (c)) | | | | | | | ATE INTERVA | | |
| | | PART I. DEATH W | VAS CAUSED BY: | | rar (a), (b), and (c).) | Cer | ebrovascular | r Ins | ufficienc | v | One year | | | |
| 1 | | 1/200 | IMMEDIATE CA | ` ' | | | | | | J | 0110 | | | |
| П | | Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) Generalized Arteriosclerosis Undetermine | | | | | | | | | | inad | | |
| 1 | | Canditions, if any, which gave tise to immediate couse (a), (b) Generalized Arteriosclerosis Undetermined | | | | | | | | | | | | |
| 1 | | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | |
| -1 | | lost. (c) | | | | | | | | | | | | |
| Н | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | | | | |
| 1 | N | 4500 | | | | | | | | | | | | |
| | CERTIFICATION | 19a. DATE OF OPERATIO | N 19b. COND | ITION FOR WHICH | OPERATION WAS PERF | ORMED | 20a. AUTOPSY? | | Ob. IF YES, WERE FINE | DINGS CONS | IDERED IN CE | RTIFYING | | |
| 2 | TE | YES NO IK CAUSES OF DEATH? | | | | | | | | | | | | |
| | | 21a. ACCIDENT WAS U | | 21b. TIME OF II | | 21c. HOV | V INJURY OCCURRED (Ente | r noture of | f injury in Port 1 or I | Port 2, Iten | 1 1B.) | 77.48 | | |
| 1 | MEDICAL | OR CONTRIBUTING | | | | | | | | | | | | |
| | ME | 214 INTURY OCCURRE | D DIACI | F OF INJURY (A) | F HOME, FARM, STREET, FACTO | RY.) 21f. LOC | ATION Street or R.F.D. No |). | City ar Tawn | (| Caunty | Str | ote | |
| 1 | | While Nat while [| | (0) | FFICE BUILDING, ETC. | '/ | | | | | | | | |
| 1 | | 220 I certify the | ot (I) (this ho | ospital) atten | ded the deceased | from 8 | December 19 1 | 19 to | 20 Septe | mber | 68, that | (I) (we | lost | |
| ч | | sow the dec | eosed olive | on 20 Se | eptember 19 | 68 gnd | December, 19 that in (my) (our) op | inion dec | oth occurred on t | the dote | ond hour o | nd from | n the | |
| | | couses stote | dobove, (I) | (we) (did) (d | id not) view the bo | ody ofter de | oth. | | | | | Ty | | |
| ч | | 22b. SIGNATURE | | | | | ATTENDING - A | MED. | STAFF - | | E SIGNED | | | |
| | | | M | 1.1 | oumen | - DEGRE | | DIRECTOR | PHYS. | 20 8 | Septemb | ber, | 68 | |
| | | 22d. PHYSICIAN'S | | | State of the state | | 22e. ADDRESS | | 100000000000000000000000000000000000000 | | | | | |
| | , | NAME (Type) | Carl J. | Houmann | 1, M. D. | | | River | dale, Mar | yland | l . | | | |
| | 23a. | BURIAL, CREMATION, | 23b. DATE | | 23c. NAME OF CE | | | | CATION (City or Town | | (County) | (Stote) | | |
| | | REMOVAL (Specify) | 9/23 | 68 | Ft Linco | oln Ce | metery | Col | mar Manor | Pro | Geo | Md. | | |
| 0 | 24. | FUNERAL DIRECTOR | Gasch's | | Hyattsvil: | lo Ma | 2So. REC'D E | BY REGISTRA | | STRAR'S SIG | | 170 | | |
| 3 | | Г • | uasen s | JULIS | nyactsvii. | ,a | DATE SE | P 2 3 | 1968 | May | las Jun | Age | | |

TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physical and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Therefease remove carban papers shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 128

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| 1 | CERTIFICATE OF DEATH | | | | | | | | |
|---------------|--|--------------------------|----------------------------------|-----------------|-------------------------------------|------------------|---|------------------------------------|-------------------------------|
| (| | rgaret | Middle . C. | | last reland | 2a. DAT | | ¹ /1968 ^{'ear} | 2b. HOUR 7:10A |
| 3. S | Female | 4. RACE Caucasian | n | | June 1, 19 | 924 | 6. AGE (In years last bighday) YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN |
| COU | BIRTHPLACE (State or foreign ntry) R. I. CITY OR TOWN OF DEATH | USA | COUNTRY? OF HOSPITAL OR INS | WIDOWED | | Prin | Y OF DEATH LCE George's ATION (Kind of work done | 12b. KIND OF | MA BUSINESS OR |
| 0 | Cheverly | | cedereceo.G | | | | rking life, even if retired.) | | |
| | USUAL RESIDENCE (Where deceased ission) 1514Hd | | | | OWN 13d. INSIDE CITY 1 Hgts YES | | Be. STREET AND NUMBER | w Drive | |
| | FATHER'S NAME First Wing | | lost ngching | 15. 1 | MOTHER'S MAIDEN NAME Elvira | First | Middle | Olive | Last |
| 16a | . WAS DECEASED EVER IN U.S. ARME Yes, no, ar unknawn) (If yes give war NO | | 5. SOCIAL SECURITY I 79–22–53 | | ormani narles E. M | orela | Address nd 1007 Hig | Cap. Hg hview D | |
| CERTIFICATION | Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COND 19a. DATE OF OPERATION 19b. CO | (b) M DUE TO, OR AS A | CONSEQUENCE OF | DT RELATED TO 1 | HE TERMINAL DISEASE OF YES XXX NO [| R CONDITION | | CONSIDERED IN C | ERTIFYING |
| MEDICAL CER | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1 or Part 2, 1 or Part 2, 1 or Part 3, 1 or Part 3 | | | | | | | | State |
| | 22a. I certify that (I) (shiss saw the deceased alicauses stated abave, | 1 220 | . DATE SIGNED | | | | | | |
| | 22d. PHYSICIAN'S NAME (Type) Peter | Duus, M. | Walter V | DEGREE | 22e. ADDRESS | MED. DIRECTOR | ve., Capital | Sept. 16 | 18-12-15 |
| | BURIAL, CREMATION, 23b. DA | | 23c. NAME OF Ceda | CEMETERY OR CE | Cemetery | 23d. LO S1 | OCATION (City or Town) 11111 And F AR 25h REGISTRAR | (County) | (State) |

4308 Suitland RaiSEP 19

1968

death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haur Page 4 may be retained by the haspital ar attending physician.

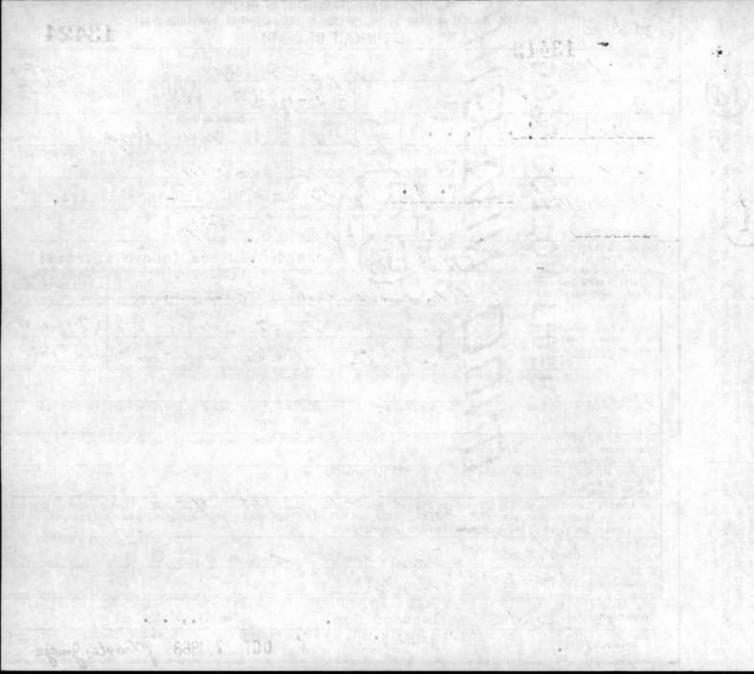
VR A15 (4) 30M REV. 1/68

Robert E. Wilhelm Funeral

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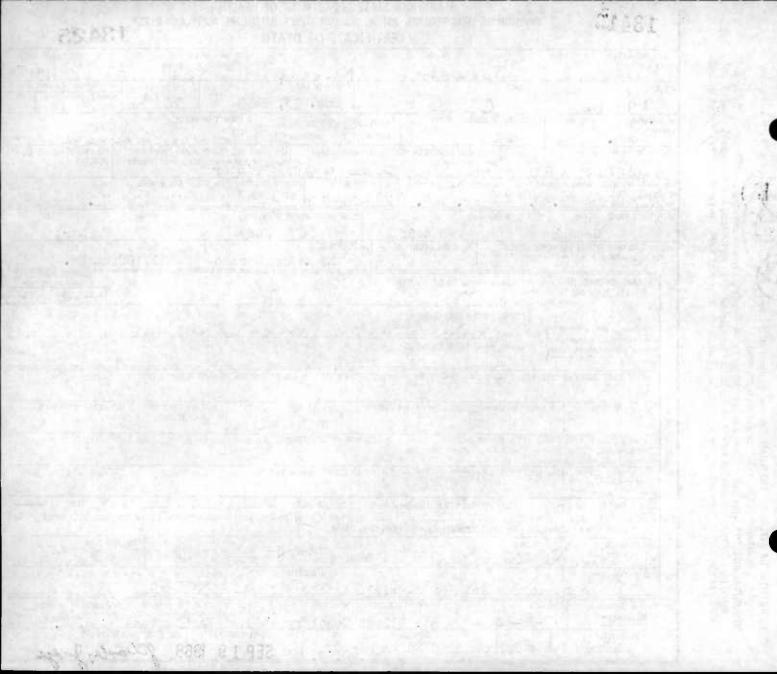
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10/30/68 13424 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH Last 2b. HOUR death. (Type or print) Manth executed within 24 hours after 3. SEX 4. RACE PATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. last birthday) MONTHS 1 HOURS aucasian 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH DC U.S.A. Impletely filled in country) wash. DIVORCED [event, within 72 10. CITY OR TOWN OF BEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address during mast, of working life, even if retired. INDUSTRY_ 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREÉT AND NUMBER 9419-Warrell Ave. YES 3 NO and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Pue Last Middle Last PALLINAULLY George 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SÖCIAL SECURITY NO. 17. INFORMANT Address requires that the death certificat attending physici permit. Then ple Yes, na, ar unknawn) (If yes give war or dates of service) Herbert Myers above address C crematian, ar remaval, APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) Canditians, if any, which gave burial-transit rise ta immediate cause (a), þ DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying cause signed burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) priar ta b has been as the CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20g. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO F YES directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M. (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark TENDING 22a. I certify that (I) (this haspital) attended the deceased from 7-1 saw the deceased alive an SOP7 30711 19 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR Page 4 may 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE (Caunty) (State) Wash., D.C. REMOVAL (Specify 10/3 Glenwood Cem. Inc. ley's Funera ADDRESS Mt. Rai nier 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Maryland Home

VR A15 (4) 30M REV. 1/68



30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



ept. 14.1968 St. Marye's Cemetery

VR A15 (4) 30M REV. 1/68 BREMOVAL (Specify)

24. FUNERAL DIRECTOR Hyattsville, Md. F. Gasch8s Sons

2Sb. REGISTRAR'S SIGNATURE 1968

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Lost OSBORNE 20. DATE KNOWN T Month (Type or Print) Bettv DEATH MATED 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 23 Dec., 1934 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED | DIVORCED | Prince George Maryland U.S.A. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDIISTRY Riverdale Leland Hosp. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Prince George Greenbelt odmission) STATE YES NO 8461 Glendale Rd. 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Landon Elmo Stokes Gladys Winnifred haurs 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT in pencil (Yes, no, or unknown) (If yes give war or dates of service) 220-32-2924 Landon E. Stokes, 104 Springview Ct. within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) This certificate shauld be executed permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Laceration of brain pending IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Trauma@auto accident Min rise to immediate couse (o), writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. pe 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) overturned 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 3 shauld PRIMARY OR CONTRIBUTING CAUSE OF DEATH MEDICAL Passenger in car which went off road and 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County foctory, office building, etc.) mr US 1 WHILE NOT WHILE P.G. College Park burial, 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection & Inquiry x, and in my opinion death resulted fram: Matural causes Kocident X Suicide . Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER & 9-28-68 EXAMINER'S Health NAME (Type) ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATIO 23b. DATE 23d. LOCATION (City or Town) (County)

VR A15ME (5)

BUR LAL

24. FUNERAL DIRECTOR Wm. Cook-Brooks Towson, 1050 York Rd., Towson Maryland 21204

Oct 1, 1968

2So. REC'D BY REGISTRAR

Prespect Hill

ADDRESS

2Sb. REGISTRAR'S SIGNATURE

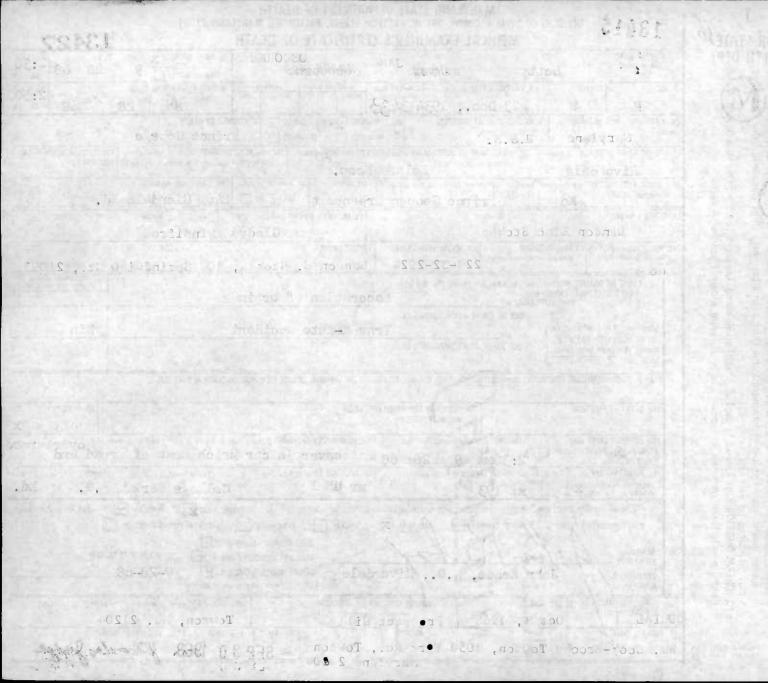
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Stote

(Stote)

Md.

Towson, Md. 21204



FOR STATE HEALTH DEPT.

Give Pages 1, 2, and 3 ta

after death

DICAL EXAMINER: This certificate should be executed within 24 hours

TO DEPUTY

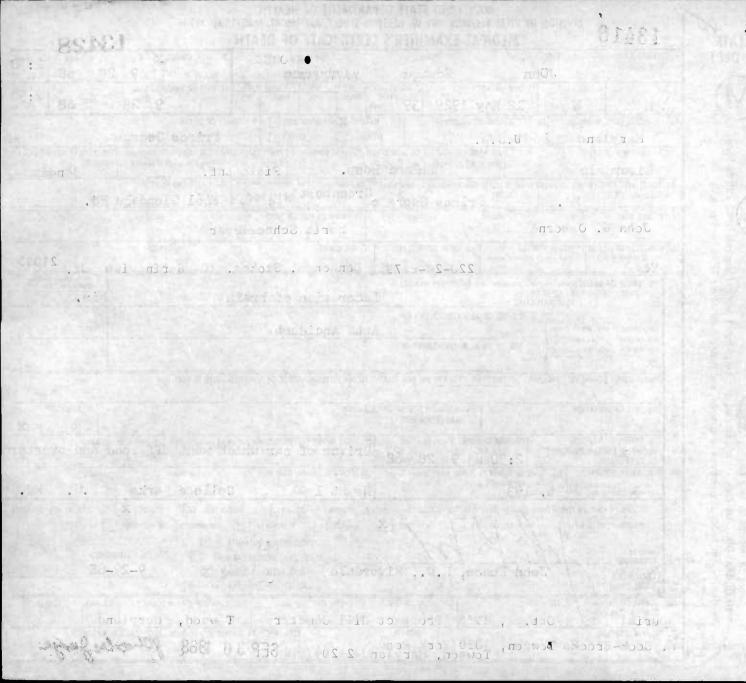
VR A15ME (5) 10M REV. 1/68

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2 with the State Dep ng with farm Health prior to burial, cremation, ar remaval, and in any event within 72 hours after death. necessary, please execute the certificate, writing the ward "pending" in pencil in Item the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 1341 | 0 | MEDIC | AL EXAM | INER'S | CERTIF | ICATE | OF DE | ATH | en No. | | 342 | 8 | |
|---|---|-------------------------|-----------------|----------------------|--------------|--------------------|-------------------|-----------------|-----------------------------------|-------------------------|-------------|------------|-----------------|
| 1. DECEASED-NAME (Type on Print) | First | | Mide | | | | BORN | E | 2o. DATE KNOW OF ESTI- | 6.5 | | eor 2 | 2 HOUR |
| | JØ | | Edw | | | THANK | | | DEATH MATE | 0 9 | 28 (| 100 J | a M |
| 3. SEX | 4. RACE | S. DATE OF BIR | | 6. AGE (In yes | ors IF UNI | DER 1 YEAR DAYS | IF UNDER HOURS | 24 HRS. MIN. | 2c. DATE PRONO | | v | | 2d HOUR 2 50 |
| M | W | 12 Mag | | 39 lost birthday | YRS. | DHIS | HOURS | 1 | Month | 9 0028 | Yeor 14 | 68 | ~a M |
| 70. BIRTHPLACE (Stot | | CITIZEN OF WH | AT COUNTRY? | В. | MARRIED X | NEVER MA | RRIED | 9. COU | NTY OF DEATH | | | | 9 4 7 9 |
| country) Mary | land | U.S.A | | | VIDOWED _ | | RCED | | Prince | | е | 150 | Md |
| IO. CITY OR TOWN O | OF DEATH | 11. NA | ME OF HOSPITA | L OR INSTITUT | TION (If not | in hospitol | 12o. U | SUAL OC | CUPATION (Kind | of work done | 12b. KIND O | F BUSINE | ESS OR |
| River | | | | eland | | | F16 | e ld | f working life, ev E ng | en it retired.) | INDUSTRY | endi | ix |
| | ICE (Where deceose | | | before 13c. | CITY OR TOW | N 13 | d INSIDE CITY I | IMITS? | 13e. STREET AND | NUMBER | | | |
| odmission) STATI | Md. | 13b. COUNTY | Prince | Georg | eGree | предс | YES 🔁 N | 10 🗆 | 8461 G | lendal | e Rd. | | |
| 14. FATHER'S NAME | First | Middle | | Lost | | | DEN NAME | First | | Middle | | Last | |
| John 1 | E. Osborn | e | | | M | arie | Schne | eeme | yer | | | | |
| | VER IN U.S. ARMED FO | | 16b. SOCIAL SEC | URITY NO. | 17. INFOR | MANT | - | | A | DDRESS | | N | |
| (Yes, no, or unknow Ye.s | WD) (If yes give wo | ir or dates of service) | 220-24 | -8179 | Lan | don F | S. Sto | kes | . 104 St | ringvi | ew Ct | 21 | 1093 |
| 1 | F DEATH (Enter only | one couse per li | | | | | | | | - | APPRO | XIMATE INT | |
| | 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMPROPIATE CAUSE (c) Laceration of brain | | | | | | | | | | Min. | UNSEL AN | ID DEATH |
| DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | | |
| | (conditions, if ony, which gave) | | | | | | | | | | | | |
| rise to immediate couse (a), | | | | | | | | | | | | 11.5 | - |
| stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | | |
| PART 2 OTHER | (c) RT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) | | | | | | | | | 1 | | | |
| 822 | 4 | CONTRIBUTI | NO TO DENIN D | or nor need | TED TO THE T | EKIMINAL D | ISDASE OK | CONDITIO | A OIVER IN LAKE | 1(0) | | | |
| 190. DATE OF C | 90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION | | | | | | | | 20. AU | JTOPSY? | | | |
| SE | WAS PERFORMED? | | | | | | | | YE | s 🗆 | NO X | | |
| 210. EXTERNAL | CAUSE WAS | 21b. TIME OF | INJURY Month, D | oy, Yeor | 21c. HOW | INJURY OC | CURRED (En | ter notu | re of injury in Por | t 1 or Part 2. | . 1 | | |
| FRIMARY O | OR CONTRIBUTING | | | 8 19 68 | Driv | er of | car | whi | re of injury in Poi ch went | off ro | ad and | ove | ertur |
| CAUSE OF DEAT | CURRED 21e Pl | ACE OF INILIRY I | At home form | | 21f LOCAT | ION Street | or R.F.D. No. | | City or Tow | n | County | - | State |
| WHILE | NOT WHILE R focto | ory office building | g, etc.) | | Nr R | | | | College | | P.G | | Md. |
| | | | | a a grilla and an la | | | | - | | | | | |
| | certify that I tak | | | | | | | | pectian X, | | | in my | opinian |
| death re | esulted frame: | pratural gaus | es // A | ccident 2 | , Suicid | | | | | ied manner | | | |
| ACTUAL | //st | 1. 19 | Mr | 1 | | | F MEDICAL | | | 201 BAT | r elchien | | |
| SIGNATURE _ | 191/2 | m | M D | D:- | Labras | M.D. ASS | | | MINER | 22b. DAT | 9-68 | | |
| EXAMINER'S NAME (Type) | | ohn Keh | oe, M.D | , and the | rerual | | UTY MEDICA | | WIT, OF COUNTY) | 7-2 | 7-00 | | 17. |
| 200000000000000000000000000000000000000 | | ATC | 100. 111 | AME OF CEMET | TRY OR CRE | | WE32(21166) | | | Toun' | (Cauch) | 15. | (4) |
| 23o. BURIAL, CREMA REMOVAL (Spec | cify! | | | | | | | | LOCATION (City of | | (County) | (Stot | ie) |
| Burial 24. FUNERAL DIRECT | | t. 1, 1 | 908 Pr | ADDRESS | HILL | Ceme | 250. REC'I | | Towson, | Maryl B. REGISTRAR'S | | | 1 |
| Vm. Cook- | | wson. 1 | 050 Yor | | 1 | | | | | Ocho | The garage | das | -/- |
| | | 一一" | owson. | Marvla | and 21 | 204 | DATESE | LO | U NOU | 1 | - | 10 | |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201-13429 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR er death. after death (Type ar print) Month Rene earsor 3. SEX 4. RACE 5 DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) CIAYS HOURS 01-0 lemale. O YRS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITALOR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 72b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Cheverly Owner Wig Salon 13a. USUAL RESIDENCE (Where deceased lived. if_institution: Residence before 13c. CITY OR/TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER burial, crematian, ar remaval, and in any event remove car admission) STATE NO YES Bethesda Dangamore gomerv 14. FATHER'S NAME Middle First Last IS. MOTHER'S MAIDEN NAME First Last pup requires that the death certificate be Andrew Degges (Ilnknown) 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Sangamore, Road. Yes, no grunknawn) (If yes give way or dates of service) 578-03-2857 Mr. George B. Pearson 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: FAILURE. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave CIRRHUSIS rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 7-24 1968, and that in (my) Kourk opinion death occurred on the date and have and from the saw the deceased alive ancauses stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED Caurin DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (Caunty) (State) REMOVAL (Specify) Cemetery Bladensburg Pr. Geo. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

ANG THE SAME

FOR STATE any delay is 2, and 3 ta PM3. Page d 2 with the State Departmen e along with form in Item 18, Give Pages DICAL EXAMINER: This certificate should be executed within 24 hours ofter death please execute the certificate, writing the word "pending" in pencil the funeral director. Page 4 should be forwarded to the Chief Medical Exam Health priar to burial, cremation, or removal, and in any event within 72 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

TO DEPUTY

VR A15ME (5) 10M REV. 1/68

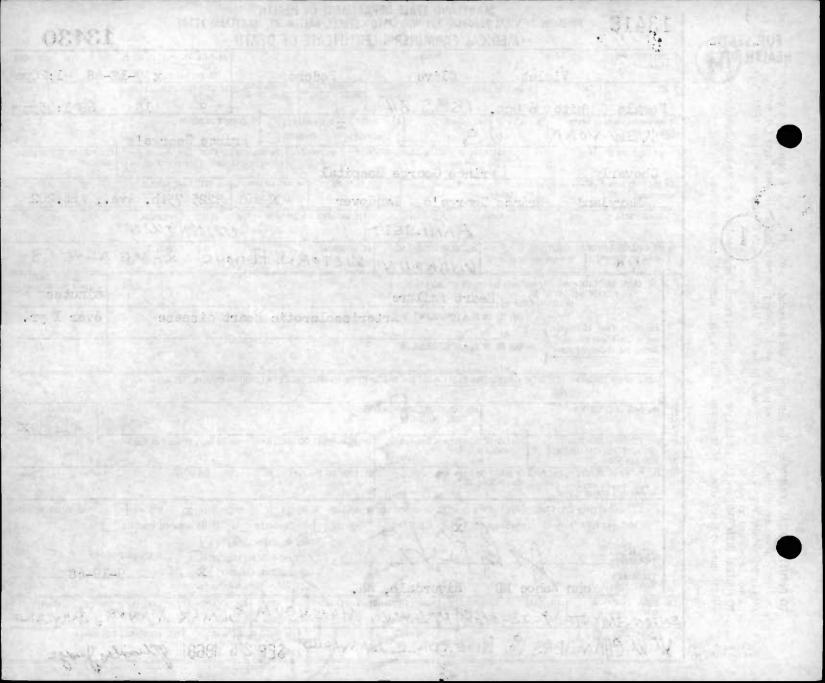
1 DECEASED MANAE

13418 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13430

| (Type or Pri | | Middle | Edsi | 2d. DATE KNOWN Month | Day Year 2b. HOUR |
|----------------------------------|--|---|------------------------------------|---|--|
| (Type di Ti | Violet | Olive | Pedone | DEATH MATED X 9-18 | -68 191:20pmM |
| 3. SEX | | DATE OF BIRTH 6. AGE (In ye | ors IF UNDER 1 YEAR IF UNDER 24 | HRS. 2c. DATE PRONOUNCED DEAD | 2d. HOUR |
| Femal | e White 6 | Oct. 1883 84 | y) MONTHS DAYS HOURS YRS. | Month Pax 18 | 68191:45pm M |
| | | | MARRIED NEVER MARRIED | 9. COUNTY OF DEATH | OUNT HIJDIE M |
| country) NE | | . 10 | WIDOWED DIVORCED | | |
| 10. CITY OR TO | | 11. NAME OF HOSPITAL OR INSTITU | | Prince George's UAL OCCUPATION (Kind of work done | Md 12b. KIND OF BUSINESS OR |
| | verly | give street address) Prince George | Hospital during | most of working life, even if retired.) | INDUSTRY |
| | | d, if institution: Residence before 13c. | CITY OR TOWN 13d. INSIDE CITY LIN | TOO. STREET AND HOMBER | |
| odmissioni | ryland Fri | nce George's Lar | ndover YES NO | □ 3225 75th. Ave | ., Apt.202 |
| 14. FATHER'S NA | | Middle BANDSET | 15. MOTHER'S MAIDEN NAME | First UNKNOWH | Lost |
| 16o. WAS DECEA (Yes, na, or u | SED EVER IN U.S. ARMED FORCES? nknawn) (If yes give war or dat | | VIETORJ. P | EDONE SAME | AS#13 |
| | SE OF DEATH (Enter only one of the control of the c | cause per line for (a), (b), ond (c).) SE (a) Heart failure | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH INLITUTES |
| (Canditian | 39 cos, if any, which gave) | DUE TO, OR AS A CONSEQUENCE OF AT | teriosclerotic h | neart disease | over l yr. |
| | nmediate couse (a), he underlying cause | OUE TO, OR AS A CONSEQUENCE OF | | | |
| PART 2. O | THER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NOT RELAT | TED TO THE TERMINAL DISEASE OR CO | ONDITION GIVEN IN PART 1(g) | |
| 421 | 00 | | | | |
| 190. DATE | OF OPERATION | 19b. CONDITION FOR WHICH | OPERATION | | 20. AUTOPSY? |
| E E | | WAS PERFORMED? | | | YES NO TO |
| PRIMARY CAUSE OI | OR CONTRIBUTING DEATH | Ib. TIME OF INJURY Month, Doy, Year HOUR A.M. P.M. 19 | 21c. HOW INJURY OCCURRED (Enter | er nature of injury in Port 1 or Port 2, Ite | m 1B.) |
| WHILE AT WORK | MOT WHILE factory, of | fr INJURY (At name, tarm, street, ffice building, etc.) | 217. LOCATION Street of K.F.D. No. | City or Town | County State |
| 22 | a. I certify that I took ch | orge of the remains described ab | ove, held an Autapsy, | Inspection x, Inquiry | , ond in my apinion |
| dea | th resulted fram: Nat | tural causes 🔀 , Accident 🗌 |], Suicide 🔲, Homicide | Undetermined manner | |
| ACTUAL | Λ | · V X | CHIEF MEDICAL E | XAMINER | |
| SIGNATI | URE | My My | M.D. ASSISTANT MEDIC | CAL EXAMINER 22b. DATE S | IGNED |
| EXAMIN | | () | DEPUTY MEDICAL | EXAMINER 3 9- | -19-68 |
| NAME (| Type) John Kelloe | | Md. ADDRESS(Street, | city, tawn, or county) | A STANDARD BOOK |
| 23a. BURIAL, C REMOVAL | REMATION, 23b. DATE (Specify) 9-2 | 3-1968 FT LINCOL | FRY OR CREMATORY MAUSALEUM | 23d. LOCATION (City or Town) COLMAR MANOT | (Caunty) (State) R. MARYLAND |
| 24. FUNERAL D | DIRECTOR | ADDRESS ADDRESS | 2So. REC'D | BY REGISTRAR 25b. REGISTRAR'S S | IGNATURE |
| W. U. | CHAMBERS (| O RIVERDALE, | MARYLAND MEED | 26 1968 00/1-1 | 0 |



executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifications and the death certification of the contract of the contract

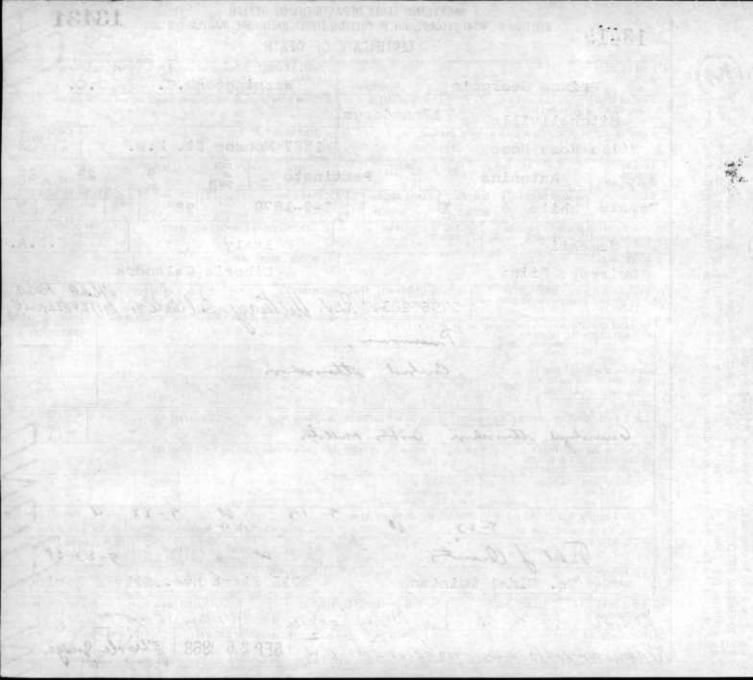
13419

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13431

| 10210 | CERTIFICATE | OF DEATH | |
|---|---------------------------------------|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceosed lived, if institution: Res | sidence before odmission) |
| a. COUNTY Prince Georg | ge's MARYLAND | o. STATE WashingtonD. C. COUNTY | D.C. |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mitchellville | c. LENGTH OF STAY IN 16 17mos4days | c. CITY OR TOWN (If outside corporate limits, write RURAL and | give nearest town) |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in I Villa Rosa Home | nospitol, give street oddress) | d. STREET ADDRESS 1887 Monroe St. N.W. | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF First DECEASED (Type or print) Antonina | Middle Pet | tinato 4. DATE Month OF DEATH | 23 year 68 |
| Female White w | MARRIED NEVER MARRIED 1 | 3-9-1870 leg birthdoy) Mont | |
| 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stote, or foreign country) Italy | COUNTRY? U.S.A. |
| 13. FATHER'S NAME Guiseppe Riina | | 14. MOTHER'S MAIDEN NAME Liboria Calandra | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of serv | | NFORMANT LANGUE DE Address | VILLA ROSA MITCHELLVILLE |
| 1B. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | er line for (a), (b), ond (c).) | | INTERVAL BETWEEN ONSET AND DEATH |
| 437.9 DUE TO Conditions, if ony, which gove) (b) | Control its | turschmin | |
| rise to immediate couse (a), stating the underlying couse lost. | | | |
| PART II OTHER SIGNIFICANT CONDITIONS CONTRI | | THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? YES NO |
| 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. | | (Enter noture of injury in Port I or Port II of item 18.) | YES NO |
| 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 | | CE OF INJURY (Home, farm, ory, street, office bldg., etc.) | (County) (State) |
| |) attended the deceased fram | $9-19$, 19 66 , ta $9-23$, t death accurred at 12 Θ M, fram causes and a | 19 <u>4</u> , that (I) (we) las in the date stated above |
| 220. SIGNATURE Vished of Co | unts M. | D. ATTENDING MED. STAFF DIRECTOR PHYS. | b. DATE SIGNED |
| 22c. PHYSICIAN'S NAME (Type) Dr. Fidel | Quintana | 8725 First Ave., Silv | er Springs |
| 230. BURIAL (REMATION, PROVIDED STATE THEREOF GRAND VAL (Specify) 9-26-6 | - 1 1 1 | EMETERY 23d. LOCATION (City or Town) EMETERY UASHINGTON | (County) (Stote) |
| FUNERAL DIRECTOR | | 250. REC'D BY REGISTRAR 25b. REGISTRA | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs attached. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| | TOZHO | 4. | tein 13 r | CI GHORT | ERTIFICA | TE OF DEAT | TH | | 10 | 432 | |
|---------------|--|-------------------------------------|-------------------------------------|--|-----------|---------------------|----------------|---|--|------------------------|-------------------------------|
| | ECEASED-NAME Type or print) | First Aude | | Middle | PA | Lost | 20. [| SENT | Day | 1968 | 26. HOUR 4:00 AM |
| 3. SI | Female | , | 4. RACE | | S. | 9-26-8 | 30 | 6. AGE (In ye | 013 | | F UNDER 24 HRS. HOURS MIN. |
| 3 | BIRTHPLACE (Stote or for | JA., | CITIZEN OF WHA | usa | WIDOWED Z | | PR | INCE GEO | The second name of the second | Heya | Tsonh |
| * | TITY OR TOWN OF DEAT | lle m | d. Au | E OF HOSPITAL OR INST eet oddress) ATTSUILE | Muesa | ng Home duri | ing most of w | PATION (Kind of work orking life, even if re | tired.) | b. KIND OF BU | 2000 |
| odm | UNUAL RESIDENCE (Who ission) STATE | ere deceosed I | 13b COUNTY | 1: Residence before | JEKLEPH 1 | Washing YES | NO 🗌 | 13e. STREET AND NUM | 9994 | ASDAN | St.NW |
| | Edmu | irst Vd | BURKE | HARRE | | MOTHER'S MAIDEN NA | AME First | | ddle V | Rya | N |
| | (es, no, or unknown) | N U.S. ARMED (If yes give war or | | 66. SOCIAL SECURITY NO 178-26-3 | | reing for | ne Re | corde Hy | feller | la, | Ind |
| | 1B. CAUSE OF DEATH V | | ': | for (a), (b), and (c).) | bova | sula | au | edent | | BETWEEN ONS | TE INTERVAL ET AND DEATH |
| | Conditions, if ony, w | | DUE TO, OR AS | A CONSEQUENCE OF | Bal | arter | 1122 | levoses | | ant | ary |
| | stoting the underlyi | ng couse | (c) | A CONSEQUENCE OF | end | arti | win | levores | and the state of t | any | mon |
| NO | 331X | | | | | | SE OR CONDITIO | ON GIVEN IN PART 1(o) | 1.5 | | |
| CERTIFICATION | 190. DATE OF OPERATION | | | H OPERATION WAS PERI | | | NO 🗆 | 20b. IF YES, WERE FIN CAUSES OF DEATH? | | | TIFYING |
| MEDICAL CE | 21o. ACCIDENT WAS OR CONTRIBUTING (If either, notify med | CAUSE OF DEATH | 21b. TIME OF I HOUR A.M. P.M. | Month Doy Yeor | | | | of injury in Port 1 or | Port 2, Item | 1B.) | |
| W | 21d. INJURY OCCURR While Not while at work of work | | (0 | T HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC. | | ATION Street or R.F | 46 | City or Town | (0 | unty | Stote |
| | saw the de | ceased alive | an_Cu | ided the deceased 19 19 lidest) view the b | and, and | that in (my) (piu | r) opinian o | ta_So3 leath acturred an | , 19 <i>64</i> the date o | , that (and haur a | (I) (we) last nd fram the |
| | 22b. SIGNATURE | 8 tens | 4 9X | Leley | DEGREE | ATTENDING PHYS. | MED. | STAFF PHYS. | 224, DATE | SIGNED 3 | 68 |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pshould be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hour VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the hospital or ottending physician.

FUNERAL DIRECTOR

PHYSICIAN'S NAME (Type)

23b. DATE

BURIAL, CREMATION, REMOVAL (Specify)

DATSEP

25d. REC'D BY REGISTRAR

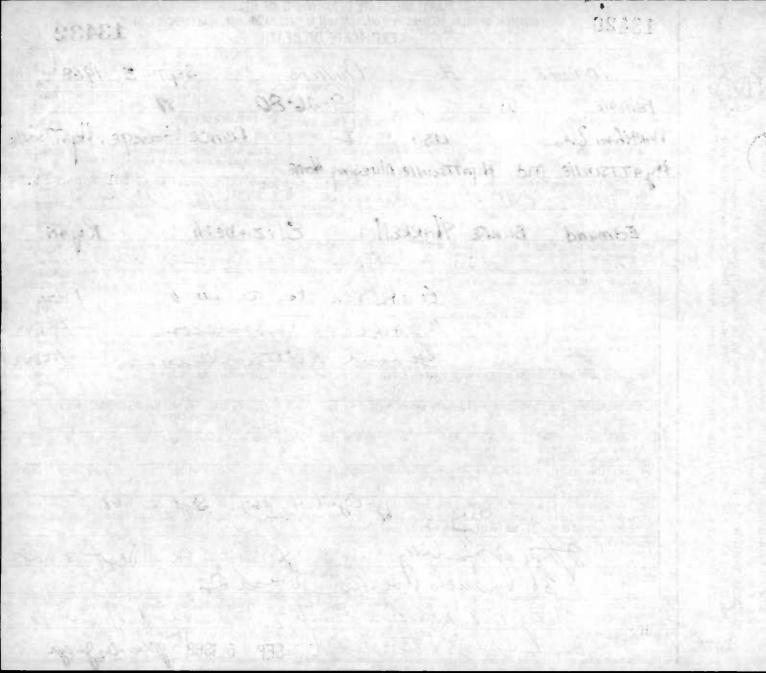
1968

5

LOCATION (City or Town)

(County) (Stote) Or williams

2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13433 13421 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR 7:30 (Type ar print) Pogioli L. Mary 1968 September 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years HOURS last birthday) 9/3/17 Female White YRS 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED carbon papers. ent. within 72 hc (auntry)
Tennessee Prince Georges WIDOWED F DIVORCED [U.S.A. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Glenn Dale Hospital during most of working life, even if retired.)
Housewife INDUSTRY Glenn Dale 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed admission) STATE 13b. COUNTY YES . NO 1616 28th Place, S.E. Washington D.C. Middle 14 FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Last Knisley Jemmie Lane Rachel 17 INFORMANT PHYSICIAN: The law requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, na, ar unknawn) (If yes give war or dates of service) Decedent No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. Pulmonary tuberculosis l vear IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been as the CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO PE ed far use af Health p use be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Caunty State While Nat while at wark at wark TENDING 22a. I certify that (K (this haspital) attended the deceased from 9/26/, 19 67, ta 9/27/, 19 68, that (K) (we) last saw the deceased alive an 9/27/ 19 68, and that in (K) (our) opinion death occurred on the date and hour and from the director, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did view) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF PHYS. 9/27/68 DEGREE DIRECTOR PHYS. 22e. ADDRESS Glenn Dale Hospital 22d. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, BLIR (Specify) (County) CEMETERY WASHINGTON.D.C. 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATE SEP 3 0 1968 30M REV. 1/68

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FOR STATE HEALTH DEPT.

13422

and with the Stal after death. Health prior to burial, cremation, or removal, and in ony event within 72 hours TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 5 moy be retained for your files.

DICAL EXAMINER: This certificate should be executed within 24 hours after death

necessory, please execute the certificate, writing the word "pending" in pencil in Item

TO DEPUTY

the funeral director. Page 4 should be forworded to the Chief Medical Examiner

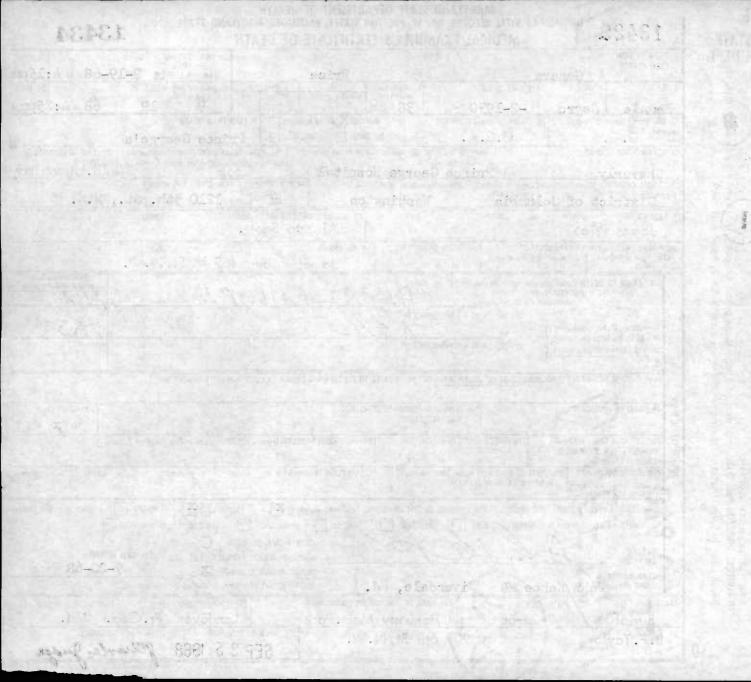
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13434

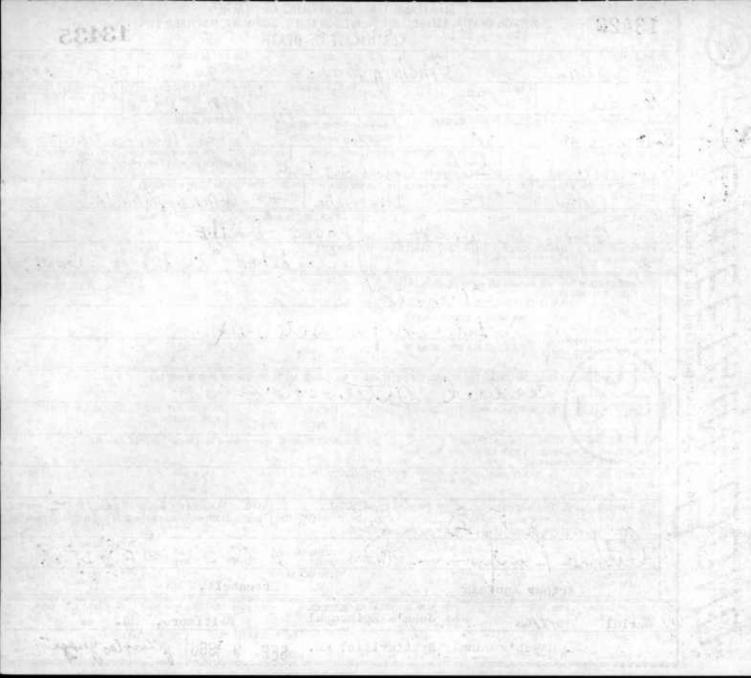
| | | · · | |
|---------|-------------------|-------------|----------|
| MEDICAL | EXAMINER'S | CERTIFICATE | OF DEATH |

| 1. DECEASED-NAME Fire (Type or Print) | st | Middle | | Lost | | 20. DATE KNOWN Month | Doy Year 2b. HOUR |
|--|---|---------------------------------|------------------|--------------------------------|-------------|--|--------------------------|
| Gene | va | ALL BY | Pr | ice | | DEATH MATED \$ 9-1 | 19-68 19 4:15pm |
| 3. SEX 4. RACE | S. DATE OF BIRTH | 6. AGE (| ni yeura | R 1 YEAR IF UND DAYS HOURS | DER 24 HRS. | 2c. DATE PRONOUNCED DEAD | 2d. HOUR |
| Female Negro | 4-2-1930 | 38 | YRS. | | | Month 1997 | 68 19 4:25 pm N |
| 7o. BIRTHPLACE (Stote or foreign country) | 7b. CITIZEN OF WHAT CO | | | NEVER MARRIED | | JNTY OF DEATH | |
| D.C. | U.S.A. | | WIDOWED _ | DIVORCED | - 1 - 1 | rince George's | Mi |
| IO. CITY OR TOWN OF DEATH | give street | OF HOSPITAL OR INST | • | duri | . USUAL OC | CCUPATION (Kind of work done f working life, even if retired.) | 12b. KIND OF BUSINESS OR |
| Cheverly | Prin | ice George | e Hospit | al | Co | OK | Md. Univeristy |
| 130. USUAL RESIDENCE (Where deceded odmission) STATE DISTRICT OF C | o windia | | | | NO 🗆 | 13e. STREET AND NUMBER | NT TAT |
| District of C | Middle | wasn: | ington | IER'S MAIDEN NAM | | 1210 5th. St. | |
| James Price | midule | FOST | | Alberta S | | Middle | Lost |
| 60. WAS DECEASED EVER IN U.S. ARMED | FORCESS 114P | SOCIAL SECURITY NO. | | | - | ADDRESS | |
| | e war or dates of service) | SOCIAL SECORITI NO. | | | ce A | 165 M St, N.W. | |
| 18. CAUSE OF DEATH (Enter of | nly one couse per line fo | r (a) (b) and (c)). | | dilles 111 | - | oo m ory m m | APPROXIMATE INTERVAL |
| PART I. DEATH WAS CAUS | ED BY: | (o), (o), one (d.) | EAR- | T FAI | 1.17 | RZ= | BETWEEN ONSET AND DEATH |
| 4129 | DUE TO OR AS A | CONSEQUENCE OF | | 1// | 10, | | 1-1110 |
| Conditions, if ony, which gove |) " | A | SHL |) | | | YR5 |
| nse to immediate couse (o), stating the underlying couse | | CONSEQUENCE OF | | | 100 | TSO A TS ALT | |
| last. | (c) | | | | | | |
| PART 2. OTHER SIGNIFICANT CON | DITIONS CONTRIBUTING T | O DEATH BUT NOT R | ELATED TO THE TE | RMINAL DISEASE O | R CONDITIO | ON GIVEN IN PART I(o) | |
| z 4700 | | | | | | | |
| 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS | 19b. | CONDITION FOR WH WAS PERFORMED? | ICH OPERATION | | | | 20. AUTOPSY? |
| | | | | | | | YES X NO |
| | | RY Month, Doy, Yeor | 21c. HOW I | NJURY OCCURRED | (Enter notu | re of injury in Port 1 or Port 2, I | tem 18.) |
| CAUSE OF DEATH | P.M. | 19 | 015 1054716 | M. 5 | 1 | | |
| | PLACE OF INJURY (At hor octory, office building, etc | me, torm, street, | 211. LOCATIO | N Street or R.F.D. I | No. | City or Town | County Stote |
| | | | | | | | |
| 22o. I certify that I | | | | | | spection 🔼 , Inquiry 🗌 | |
| deoth resulted from: | Notural causes | 2 Accident | , Suicide | | | Undetermined monner | |
| ACTUAL | 26 18 | 110 | 4 | CHIEF MEDIC | | | CICNED |
| SIGNATURE | 271 | | | I.D. ASSISTANT M DEPUTY MED | | THE CONTRACTOR OF THE CONTRACT | 9-20-68 |
| NAME (Type) John Ke | hoe MD R | iverdale, | Md. | | | wn, or county) | |
| 23o. BURIAL, CREMATION, / 23b | . DATE | | METERY OR CREM. | ATORY | 23d. | LOCATION (City or Town) | (County) (Stote) |
| REMOVAL (Specify S | 2-23-68 | Harmor | ny Mem. | Park | L | andover Pr.Ge | |
| 24. FUNERAL DIRECTOR B. F. Taylor | | 09 6th St | | 2So. RE | C'D BY REC | GISTRAR 2Sb. REGISTRAR'S | SIGNATURE |
| J. Taylor | | J J J J J | , | DATE | SEP 2 | 2 5 1968 golla | mles Judge |

VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT. after death any delay is 18. Give Pages 1, 2, and 3 to

along with form PM3. Page partment of s. Lond 2 with the Health prior to burial, cremation, or removal, and in any event within 72 hours after death 5 may be retained far yaur files. the funeral director. Page 4 should be farwarded to the Chief Medical Examin 5 16

DICAL EXAMINER: This certificate should be executed within 24 haurs after death

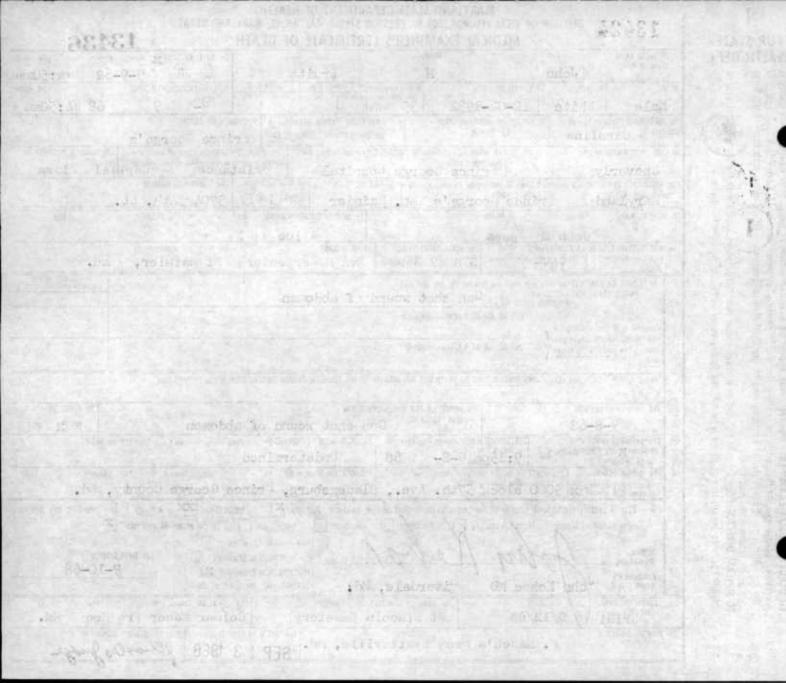
necessary, please execute the certificate, writing the ward "pending" in pencil

TO DEPUTY

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13424 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 1987 | ** | MEDICAL | L EXAMINER'S | S CERTIF | FICATE | OF DI | EATH | . 13 | 343 | 6 | |
|----------------------------|-------------------|------------------------------|-------------------------|--------------|------------------|---------------------------|-----------|--------------------------------------|-----------|---------------|---------|
| 1. DECEASED-NAME | Fir | st | Middle | - = 11 | Last | 200 | | 2a. DATE KNOWN Month | Day | Yeor 2 | b, HOUR |
| (Type ar Print) | John | n | M | | Pruit | tt | | OF ESTI- DEATH MATED 1 9-9- | -68 | 194:5 | Oam |
| 3. SEX | 4. RACE | S. DATE OF BIRTH | 6. AGE (In last birth | | NDER I YEAR DAYS | IF UNDER | | 2c. DATE PRONOUNCED DEAD | | 2 | d. HOUR |
| Male | White | 10-02-19 | | YRS. MUNIHS | DATS | HOURS | MIN. | Month 9 Day | 68°1 | 94:50 | am M |
| 7a. BIRTHPLACE (Sto | | 7b. CITIZEN OF WHAT | | MARRIED [| NEVER MA | RRIED 🗌 | 9. COU | INTY OF DEATH | | - 77 | |
| country) N Ca: | rolina | USA | | WIDOWED | DIVO | ORCED TO | Pr | ince George's | | | Mo |
| 10. CITY OR TOWN | OF DEATH | | OF HOSPITAL OR INSTIT | | | 12a. l | JSUAL OC | CUPATION (Kind of work done | 12b. KIND | OF BUSINE | SS OR |
| Chever | ly | give stree | oddress ace George | Hospit | tal | during | ain | f working life, even if retired.) | ta I | Plaza | a |
| 13a. USUAL RESIDE | NCE (Where deced | sed lived, if institution | n: Residence before 130 | CITY OR TOV | WN 13 | Bd. INSIDE CITY | LIMITS? | 13e. STREET AND NUMBER | | | |
| odnission Ta | nd 1 | rince Geor | rge's Mt. | Rainie | er | YES 🔲 | NO 🗌 | 3704 34th. St. | | | |
| 14. FATHER'S NAME | First | Middle | Last | 15. MC | THER'S MAI | IDEN NAME | First | Middle | | Last | |
| 356 | John | E Jones | | 38 | A1 | ice | ? | | | | |
| 16a. WAS DECEASED E | VER IN U.S. ARMED | FORCES? 161 | SOCIAL SECURITY NO. | 17. INFO | RMANT | | -17 | ADDRESS | | | |
| (Yes, na, ar unkna Yes | wn) (If yes giv | e war or dates of service) 5 | 78 42 3698 | Eva | M Ca | rpent | er | Mt Rainier, | Md. | | |
| 1B. CAUSE O | | nly one cause per line (| for (a), (b), and (c).) | | | | | | | ROXIMATE INTI | |
| PART I. | DEATH WAS CAUS | | in shot wou | and of | abdor | nen | | | Derne | EN ONSET AND | , DEATH |
| 98 | 5 X | 1 / | A CONSEQUENCE OF | | | 41.4 | | | | | |
| Conditions, if | any, which gave | | A COMPLETE OF | | | | | | - | | |
| | diate cause (a), | | A CONSEQUENCE OF | | 10.7 | | | | | 30.736 | |
| last. | inderlying cause | DOE TO, OK AS | A CONSEQUENCE OF | | | | | | | | |
| _ | CICNIFICANT CON | (c) | TO DEATH DUT NOT DE | ATED TO THE | TERMINAL C | NCEACE OR | CONDITIO | NI COURT IN BART I/ A | | | |
| 919 | 5 | DITIONS CONTRIBUTING | TO DEATH BUT NUT KE | LAIEU IU IHE | TERMINAL L | JISEASE UK | CONDITIO | IN GIVEN IN PART I(0) | | | |
| 190. DATE OF | OPERATION | 198 | . CONDITION FOR WHIC | H OPERATION | | lair o | | | 20. / | AUTOPSY? | |
| 190. DATE OF 210. EXTERNAL | -8-68 | | WAS PERFORMED? | Gun sl | not we | ound | of a | bdomen | Y | ES X | NO 🔲 |
| | | | JRY Month, Doy, Year | 21c. HOV | V INJURY O | CCURRED (E | nter natu | re of injury in Part 1 or Port 2, It | em 18.) | | |
| PRIMARY CAUSE OF DEA | OR CONTRIBUTING | 9:15 DW | 9-8- 19 68 | 3 | Under | termi | ned | | | | |
| | CCURRED 21e | PLACE OF INJURY (At b | ame, farm, street. | 21f. LOCA | TION Street | or R.F.D. No | 1. | City ar Tawn | County | | State |
| WHILE AT WORK | NOT WHILE 3 | octory office building, e | 7th. Ave., | , Blade | ensbu | rg, P | rinc | e George County | y, Md | • | |
| 22a. | certify that I | taak chorge of the | remains described | obove, held | an Auto | psy X, | Ins | spection XX Inquiry | , and | in my | opinion |
| deoth r | esulted from; | Natural causes | Accident [| , Suici | de 🗍, | Homicie | de 🔲 | Undetermined monner | X | | |
| | 1 | // | N | | CHI | EF MEDICAL | FXAMINI | FR 🗍 | | | |
| ACTUAL SIGNATURE | 4 | My 1 | leno | y | _M.D. ASS | SISTANT MED | DICAL EXA | AMINER 22b. DATE | | 10 | |
| EXAMINER'S NAME (Type | John I | Kehoe MD | Riverdale | e. Md: | | PUTY MEDIC DRESS(Stree | | NER X | 9-10- | 68 | 1 3 |
| 23a. BURIAL, CREM | | DATE | 23c. NAME OF CEM | | | | | LOCATION (City or Town) | (County) | (State | e) |
| REMOVAL (Spe | al 9/ | 12/68 | Ft Line | | | У | | olmar Manor Pro | | Md | , |
| 24. FUNERAL DIREC | TOR | . On an late | ADDRESS | | ма | 2Sa. REC | D BY REG | GISTRAR 2Sb. REGISTRAR'S | | | 444 |
| | P | Gasch's | cons nyatt | SAITTE | , Ma. | DAFF | 1 3 | 1968 Cliane | An Vec | der | |



13425 des 1 and 2 after death. within 24 hours after death the funeral **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please cannove carbon personal be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within be executed TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificative Poge 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120113437,
CERTIFICATE OF DEATH

| | ECEASED-NAME | First | | Middle | | Lost | | 2a. DATE | OF DEATH | | | 2b. H | IOUR |
|---------------|------------------------|---------------------|--------------------------|---|-----------------------|-----------------|------------------|------------------|------------------|---------------|-----------------|--------------|----------|
| (1 | Type ar print) | Grover | | a | Durees. | nh a mm | 2.20 | 9 |) Month | 5 Day | 68 Yeor | | M |
| 3. SE | EX | GLOVEL | 4. RACE | | FULL. | 3. DATE OF B | IRTH | | 6. AGE (In | yeors | IF UNDER 1 YEAR | IF UNDER | |
| | 30-3 | | | | | 11/- | 0/07 | | lost birth | rdoy) YRS. | MONTHS DAYS | HOURS | MIN. |
| 70 1 | Ma. BIRTHPLACE (State | | 7b. CITIZEN OF WH | nite | 18 | | 3/91 | O COUNTY | OF DEATH | | 0 | | |
| (001 | | e or loreign | | | 8. MARRIED | _ | | | | rince | George | e's | |
| | W. Va. | | USA | | WIDOWED. | ~ | RCED 🗌 | | erdale | | | | Md. |
| 10. 0 | ITY OR TOWN O | | 11. NA | ME OF HOSPITAL OR I | NSTITUTION (If r | not in hospitol | 120. USU | JAL OCCUPAT | ION (Kind of w | ark done | 12b. KIND OF | | |
| | River | aale | gives | E. | Lelam | d Memo | orlai | Samite | ile Malite Mark | Co.Lea.) | ##HEH | este: Va | r |
| | | E (Where decease | | an: Residence befor | | | 13d. INSIDE CITY | | STREET AND N | | | 4-0- | |
| odmi | ission) STATE | Md. | 13b. COUNTY | Howard | La | urel | YES N | 10 🗆 | Hardin | ng Ro | ad | | |
| 14. [| FATHER'S NAME | First | Middle | Lost | 1 | S. MOTHER'S M | AIDEN NAME | First | | Middle | | Lost | |
| | Unkno | own | | | | Unl | cnown | | | | | | |
| 160. | WAS DECEASED | EVER IN U.S. ARME | | 16b. SOCIAL SECURIT | / NO. 17. | INEGRMANT | - 2 | 0 ,, | | Address | Laure | 1, M | d. |
| Υ | es, no or unknav | vn) (If yes give wo | r or dates of service) | 223-26- | 255 | Enn | | 11/1 | her | Handi | ing Rd. | | |
| H | | | | | | 11 | 7 | 11 | and the | 100 | APPROXI | MATE INTERV | |
| | PART I. DI | ATH WAS CAUSED | BY: | ne for (o), (b), and | Luni | Zy : | Abs | 1/4/ | 11/4 | w. | OCIWIEN O | INSET AND DE | AH |
| | reco | IMMEDIAT | E CAUSE (o) | × | 19gar | 1 | 0,00 | veu | MI | 10 | 1 10 | cel | _ |
| | 2600 | | DUE TO, OR A | IS A CONSEQUENCE O | JUM. | 21-11 | lod 1 | 11-01 | Olle | 1, | me | -) | |
| | | ny, which gove) | (b) | | | | | | | | | | |
| | | derlying cause | DUE TO, OR A | S A CONSEQUENCE O | F | | | | | | | | |
| | last. | } | (c) | | | | | | | | | | |
| | PART 2. OTHER | SIGNIFICANT COND | ITIONS CONTRIBUT | TING TO DEATH BUT | NOT RELATED T | O THE TERMINA | AL DISEASE OR | CONDITION | GIVEN IN PART I | (a) | | | |
| 2 | 5705 | | | 7//2 | Und | la | 1 | | | | | | |
| ATIO | 19a. DATE OF OP | ERATION 19b. C | ONDITION FOR WH | ICH OPERATION WAS I | PERFORMED | 20a. AUTO | PSY? | | b. IF YES, WERE | | ONSIDERED IN C | ERTIFYING | , |
| CERTIFICATION | | | | | | YES | NO Z | CA | USES OF DEATH? | • | | | |
| CERI | 21a. ACCIDENT | WAS UNDERLYING | 21b. TIME OF | INJURY | 21c. H | OW INJURY OC | CURRED (Ente | er noture of | injury in Port 1 | or Port 2, I | tem 18.) | | |
| MEDICAL | | G CAUSE OF DEATH | | Manth Doy Yea | r | | | | The brit | | | | |
| MED | 21d. INJURY O | y medical examine | | AT HOME, FARM, STREET, | 19 ACTORY, 1 21f 1 | OCATION Stre | et ar P F D No | 0 | City ar Tawn | | County | 6. | tote |
| | While Not | AA LILLIC | DICE OF HISOKY | (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC. | / | A | _ | | an i ann | | | | |
| | at work at | work | In a series and a series | | | 1264 | 10 | /5/ to | Super | - 10 | / () that | (1) (| - \ l=-4 |
| | 220. I cerm | e deceased ali | naspiral) one | ended the decea | 19 Can | | | | th accurred | | | | |
| | (auses | stated abave, | (I) (we) (did) | (did nat) view th | bady after | death. | 197 (doi) dp | Jillian dea | iii accomea c | Jii iiie du | re una naoi | and ma | III IIIC |
| | 22b. SIGNATURE | | | 11/1 | - | | | | | 22c. 1 | DATE SIGNED | | |
| | | - | 11/ | 1 Alla | 1 7/ De | RÉE PHYS. | NG Z | MED. DIRECTOR | STAFF PHYS. | | 9-5 | -6 | 8 |
| | 22d. PHYSICIAN | rs / | 111 11 | 911 | | 22e. ADI | | 1 | // | 1 | 21 | 0 | |
| | NAME (Typ | oe) | W IV | IALI | NM | 7 | 11 | un | na | all | Me | 7 | |
| 730 | BURIAL CREMA | TION. 236. D | ATE / | 23c NAME O | F CEMETERY OR | CREMATORY | | 73d_400 | ATION (City or 1 | lown)» | (County) | (State) | |
| 1 | SEMOVAL (Space | fy) 0 0 | 19/18 | 11 | leans | Cem | 7. | 11. | 100 | 18.1 | 1. 1. | , 0 | la |
| 24 | FUNERAL DIRECT | OR (7) | 1200 | D ADDRE | 6) . 1 | cen | 25a. RECTO | BY REGISTRA | R 25b R | REGISTRAR'S | GNATURE | | |
| 1 | 1 Just | in a bille | 11/ | Laur | no les | 1 | DATE S | EP 1 9 | 1968 | Action | bulles Q | udas | 2 4 |
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| friends free | della Rai 416 | See Lotte | 200 | | 200 | | |

13426 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon paper should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

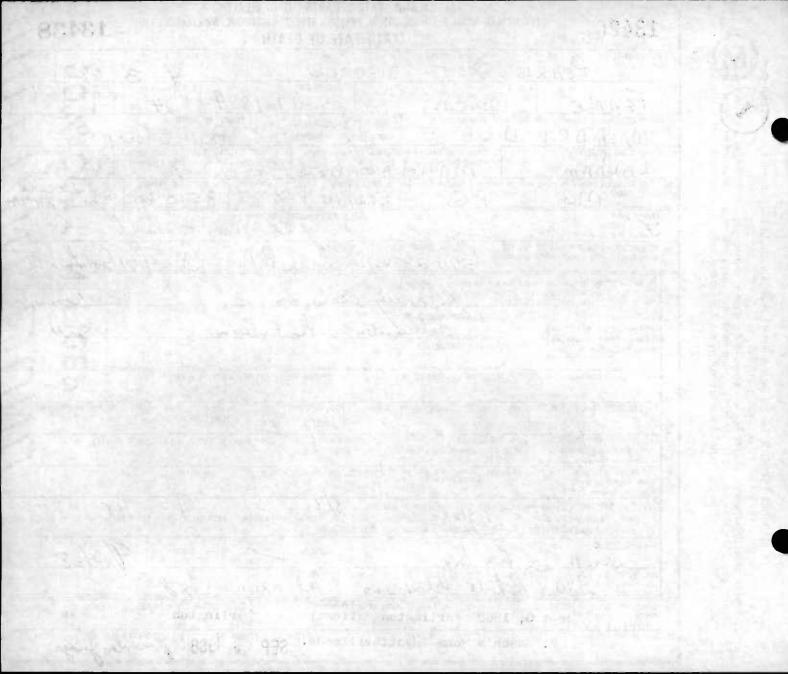
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

13438

| | | DECEASED NAME First Middle D Lost 20. DATE OF DEATH | 2b. HOUR |
|----|---------------|--|---|
| | (1 | (Type or print) PEARL M! TURCELL BY 64 | M W |
| | 3. SE | | YEAR IF UNDER 24 HRS. |
| | J. 32 | FEMALE CAUCAS. 5-17-1884 lost birth yn YRS MONTHS | DAYS HOURS MIN |
| Э | | D. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH | |
| | coun | OUNTRY WASH. D.C. U.S. A WIDOWED DIVORCED PRINCE GEORG | .bM 73 |
| | 10. C | | ND OF BUSINESS OR |
| 0 | | LANAM give street address while GARdeus during most of working life, even if retired.) Thousewife | |
| 7 | | to USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY O | BORWYN |
| 6 | ounn | amission) STATE Md. 13b. COUNTY P.G. BERWY N YES NO 8510 60th Ph | · Hante Md |
| E. | 14. F | FATHER'S NAME First Middle Lost 25 MOTHER'S MAIDEN NAME First Force Farland | Lost |
| 9 | 160 | 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 1665/SOCIAL SECURITY NO. 17, INFORMANT A Address | _ |
| | | Yes, no, or unknown) (Il yes give war ar dates of service) 579-28-6372 Layle P. Jack, R. D. 9104 Good | Luck Ro. |
| | | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) | PPROXIMATE INTERVAL WEEN ONSET AND DEATH |
| | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COS or very accluses | 10mmels |
| | | 4109 DUE TO, OR AS A CONSEQUENCE OF | |
| | | Conditions, if only, which gove) (b) acheergaclerates front drives | 16 |
| U | | rise to immediate couse (a), | - |
| | | lost. (c) | |
| 7 | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) | |
| | | HAN A I | |
| 1 | NO | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED | IN CERTIFYING |
| | CERTIFICATION | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH? | IN CERTIFIING |
| | RI | YES NO CAUSES OF BEATTE | |
| | | | |
| | MEDICAL | If either, notify medical examiner) P.M. 19 | |
| | × | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while 1 | Stote |
| | | of work of work | |
| | | | that (I) (we) lost |
| | | saw the deceased alive on | nour ond from the |
| | 13 | couses stoted above, (I) (we) (did) (did not) view the body ofter death. | |
| | | 22b. SIGNATURE ATTENDING STAFF 22c. PATE/SIGN | 9 |
| | | DEGREE PHYS. DIRECTOR PHYS. | 68 |
| 1 | | 22d. PHYSICIAN'S NAME (Type) 3 40 C D 11 1 | |
| - | 1 | Manufille JO & Reford Bland are Mr Kriner Ind | |
| | 230. | 30. BURIAL, CREMATION, REMOVAL (Specify) Sept 5, 1968 23c. NAME OF CEMETERY OF CREMETERY OF CREM | Va (Stote) |
| | | Burial | |
| | 24. | 4. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS HY ATTENDED BY REGISTRAR 25b. REGISTRAR'S SIGNATURE AT 1968 | udak |

VR A15 (4) 30M REV. 1/68



FOR STATE EALTH DEPT.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Madical Committee of the forwarded to the Chief Madical Committee of the funeral directar. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page Department of

TO DEPUTY

ie pages Land 2 with r 5 may be retained for yaur files. Health priar ta burial, cremation, ar remaval, and in any event with

VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH 13427

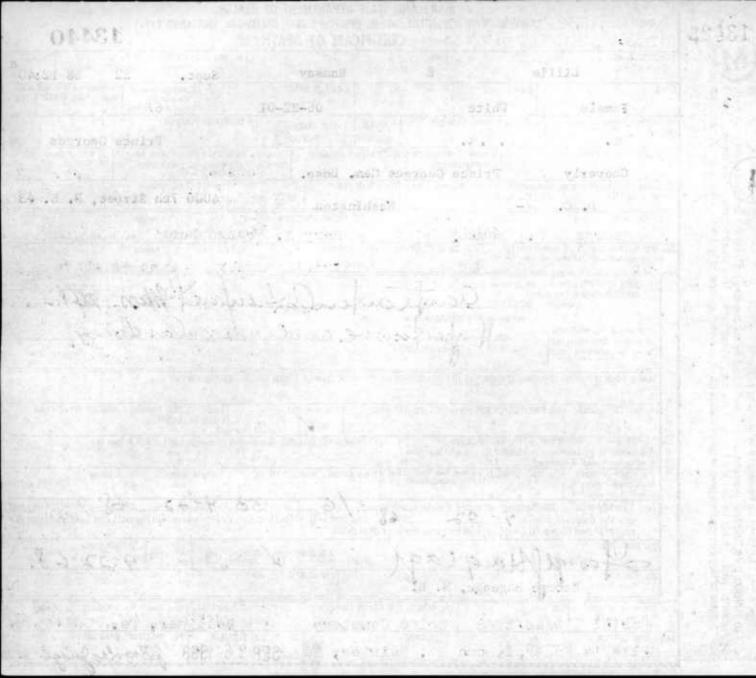
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13439

| | ECEASED-NAME Type or Print) | Fir | | Middle | | 0 | Last | 1 | | 2a. DATE OF | KNOWN ESTI- | pal land | 1th Do | | 2b. HOUR |
|---------------|--------------------------------|------------------|----------------------------|----------------------------------|--------------------|----------------|------------|----------------|--------------------|---------------------|----------------------------|----------------------|---------------|------------------------------|----------------------------|
| | | Isai | | | | | ueen | I or things | A1 1174 | | MATED | | | 196 | |
| 3. SI | Male | 4. RACE Negro | S. DATE OF BIR | 2 1900 | AGE (In lost hirth | | OAYS | HOURS | MIN. | 2c. DATE Mont | PRONOUNCI | Day | | Year 1968 | 2d. HOUR 5:40 _M |
| 7a. l | BIRTHPLACE (Stot | e ar fareign | 7b. CITIZEN OF WH | IAT COUNTRY? | 8. | MARRIED | NEVER MA | RRIED 🔲 | 9. COU | NTY OF D | EATH | | | | |
| coun | Maryla | nd | U.S.A. | | | WIDOWED X | DIVO | RCED [| P | rince | e Geo: | rge' | S | | Md |
| 10. C | Chever | | 11. N give s | AME OF HOSPITAL OF | INSTII | Ceo. H | n haspital | 12a. U | SUAL OC most of | CUPATION working | (Kind of w life, even i | ork dan f retired | ie 12b IND | DUSTRY | SINESS OR |
| 130 | | 4 | | ution: Residence bef | | | | d. INSIDE CITY | | | ET AND NU | | | | |
| 01 | Smission) STATI | Md. | 13b. COUNTY P | rince Geo | S.Se | eat Ple | asant | LYES | NO 🔲 | | Rol | | Av | enue | |
| . / | ATHER'S NAME | First Q u a | Middle | La | st | 11 | HER'S MAI | DEN NAME | First | wdle | 7 | iddle | H. | los | st |
| 160.1 | WAS DECEASED EV | ER IN O.S. ARMED | FORCES? | 16b. SOCIAL SECURIT | Y NO. | 17. INFOR | WANT | | | | ADDR | ESS | | | |
| (1 | es, no or unknow | Mn) (If yes giv | e war or dates of service) | | | Mrs. | Lore | etta l | King | (nied | ce) 14 | 05 R | 1011 | ins Av | e. |
| | | DEATH WAS CALLS | FD RY. | ine far (o), (b), and | | | | | | | | | | APPROXIMATI BETWEEN ONSET | |
| - | 110 | IMMCD | IATE CAUSE (a) | Pulmonary | | dema an | d cor | ngest | ion | | | | | | |
| | Conditions if | ony, which gove | | AS A CONSEQUENCE | | | - | | | | | | | | |
| | | siate cause (a), | (b) | Congestiv | re i | neart f | ailu | ce | | | | | | | -4100 |
| 31 | stating the un | nderlying couse | | AS A CONSEQUENCE | | | | | | | | | | | |
| | | | | Hypertens | | | | | | | | | | 3 year | rs |
| | PART 2. OTHER | SIGNIFICANT CON | DITIONS CONTRIBUT | ING TO DEATH BUT N | OT REI | LATED TO THE T | ERMINAL D | ISEASE OR | CONDITIO | N GIVEN II | N PART 1(a) |) | | | |
| NO | 19a. DATE OF C | OFFRATION | | 19b. CONDITION FO | 2 3471.117 | U ODERATION | | | | | | | | 20. AUTOPS | V2 |
| ICATI | 190. DATE OF C | DPERATION | | WAS PERFORM | | H UPERATION | | | | | | | | | |
| CERTIFICATION | Non 210. EXTERNAL | | Init TIME OF | INDUM | | In How | INTURY OF | CUDDED 15 | | | | | 0.1. | YES 3 | NO 🗌 |
| | | R CONTRIBUTING | | INJURY Month, Day, 'M. | rear | ZIC. HOW | INJURT OC | CURRED (Er | nter natur | e at injury | in Port I | or ron | z, item | 16.) | |
| MEDICAL | CAUSE OF DEAT | H | P. | M. None | 9 | | one | or R.F.D. Na | | Chi | T | | - | Country | Chank |
| N | WHILE AT WORK | | actory, affice buildin | At hame, farm, stree g, etc.) | t, | ZIT. LUCAI | ION Street | or K.F.D. No | | City | ar Town | 30 | | County | Stote |
| | 220. | certify that I | took charge of t | he remains descr | ibed (| above, held o | n Auto | psy X, | Ins | pectian2 | , I | nquiry | K, | and in n | ny opinion |
| | degth re | esulted from: | Alatotal cour | ses X , Acid | ent [| , Suicid | e 🗍, | Hamicia | de 🔲 | Unde | termined | mann | ner 🗌 | | |
| | | 1) | 11 + | 7 | 1 | | CHII | EF MEDICAL | EXAMINE | R 🗆 | | | | | |
| | ACTUAL SIGNATURE | solu! | 4120 | Vous | | | M.D. ASS | ISTANT MED | ICAL EXA | MINER [| | 22b. D | ATE SIG | NED | |
| | EXAMINER'S | 7 | - | 0 | | | | UTY MEDICA | | | Actin | g) (| 9-14 | -68 | |
| | NAME (Type) | Corne | lius J. B | urns, M.I |). | | ADD | RESS(Street | t, city, tax | wn, or cou | nty) Ch | eve | clv. | Mary1 | and |
| 230 | REMOVAL (Spe | TION, 23 | -17-68 | | OF CEN | METERY OR CREM | MATORY | | 23d. | LOCATION | (City or To | | (Co | (ytauc | State) |
| 24, | FUNERAL DIRECT | hington | 1 492 | 5 Denne | DDCCC | Are in | E | 2So. REC | | | | - 4 | AR'S SIGN | NATURE | lak |
| | | | | | | | | DATE S | FFL | 0 13 | 168 | 1 | are. | - Comment | |

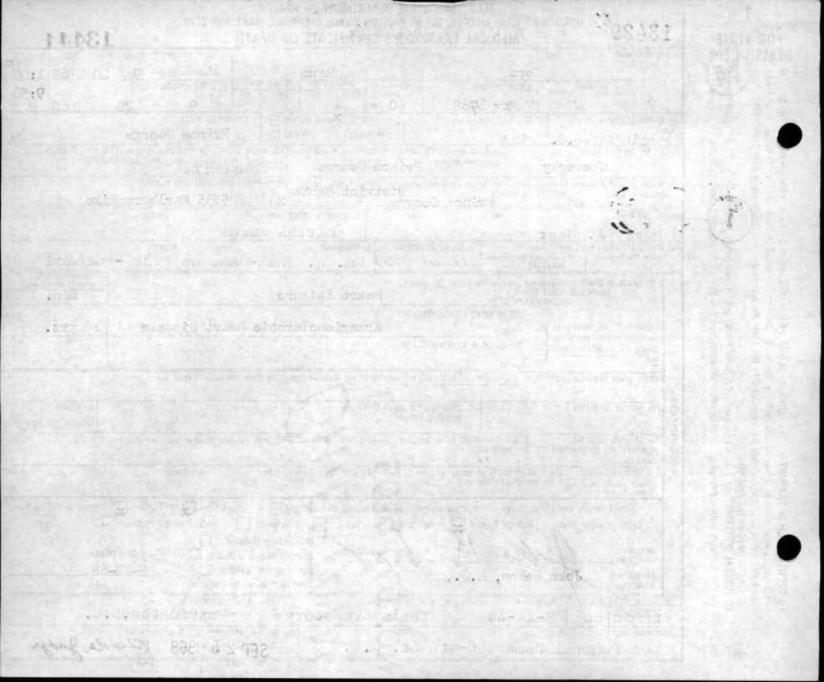
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED-NAME First Lost 20. DATE KNOWN Month (Type or Print) OF ESTI-Cora to Raum 188 DEATH MATED :00 delay and 3 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD HOURS Doy PM3. Yeor F May 1908 60 yrs 19 68 Depart 7b. CITIZEN OF WHAT COUNTRY? Zo. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm Give Pages 1, Prince George WIDOWED [DIVORCED | the State Washington. D. C. USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR along with during most of working life, even if retired.) INDUSTRY give street oddress) Cheverly Prince George 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY 13b. COLINTY District Hghts 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Prince George Item 18. 5535 Marlboro Pike 24 hours Middle IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Lost Middle OFF Lost Martha Burns Harry R. Ober 5 Chief Medical Examiner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** This certificate shauld be executed within (Yes, no, or unknown) (If yes, give war or dates of service) 24 9955 #13e -Husband Wm. B. Kaum-Same as OVI None File 72 .⊆ APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" Heart failure Min. IMMEDIATE CAUSE (o). event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove Arteriosclerotic heart disease 10 yrs. rise to immediate couse (a), any please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = farwarded ta pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal, CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗌 NO T pe 10 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M MEDICAL PRIMARY OR CONTRIBUTING cremation. CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE burial, 22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry and in my apinian the funeral director. Suicide Undetermined manner may be retained death resulted fram: Natural gauses Accident A Hamicide prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT 9-22-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D., Health NAME (Type) ADDRESS(Street, city, town, or county) 0 23% DRIDE RESIDEN 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Washington, D.C. 9-24-68 Lee's Crematory ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Lee Funeral Home 300-4th St. N.E. VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



O FUNERAL DIRECTOR: After this certificate has been

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) County State 22a. I certify that (this hospital) attended the deceased from August 11., 1968, to Sept. 11., 1968, that (the condition of the condition of the deceased alive an Sept. 11., 1968, and that in (My) (our) opinion death occurred on the date and hour and from the 22c. DATE SIGNED DIRECTOR PHYS PHYS. 22e. ADDRESS 22d. PHYSICIAN 3415 Hamilton St., Hyattsville, Md.02782 Angus McLaurin, M. D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (State) 23a. BURIAL, CREMATION Cem: Washington National Suitland Pr. Geo 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DATE SEP 1 6 1968 Ocharles Ritchie Bros. Upper Marlboro, Md.

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12b. KIND OF BUSINESS OR

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BETWEEN ONSET AND GEAT

1968 Year

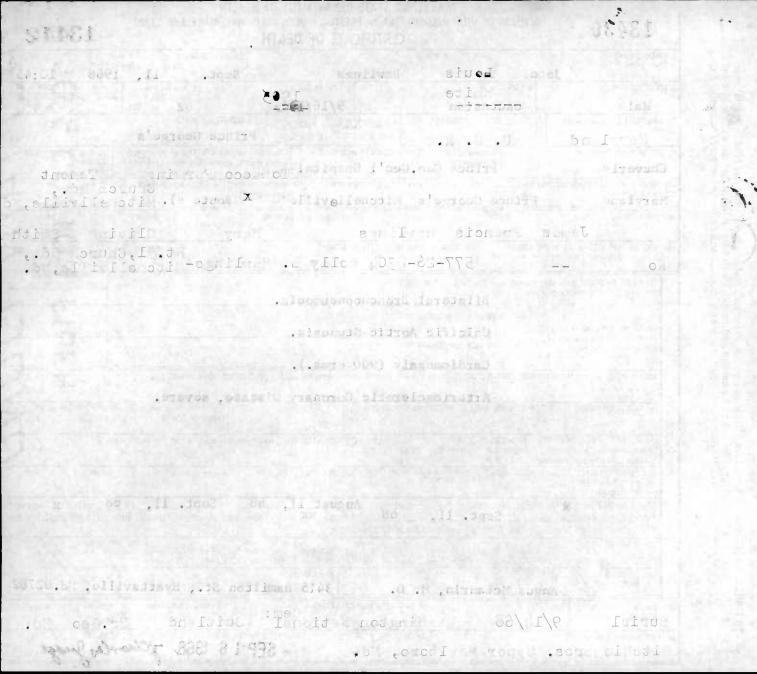
IF UNDER 1 YEAR

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2b. HOUR A

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13443 Item#5,6FilmG404 9/1MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Year (Type ar Print) ESTI-OF 68 DEATH MATED X Reinewald Marie Octavia IF UNDER 1 YEAR 3. SFX 4. RACE 5. DATE OF BIRTH 18946. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 24 HOUR Year 68 25/2/3/ July 1/89/2/ Day 7 W 7a. BIRTHPLACE (State ar fareign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? Maryland DIVORCED T WIDOWED X Prince George 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most af wasking life, even if retired.) INDUSTRY give street address) Prince George Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 202 Audrey Lane Prince George Oxon Hills X NO Md. Middle 15. MOTHER'S MAIDEN NAME Middle 14. FATHER'S NAME First Cronise Juliette Octavia. George 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, na, or unknawn) John W. Blake (Son Same as APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Heart failure Minutes IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease Canditians, if any, which gave over 6 vrs. rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21 g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection 3 Inquiry XC ond in my opinion deoth resulted from: Natural couses Tx Acciden Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 9-1-68 Kehoe, M.D., Riverdale **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar caunty) BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify)_ ept.4-68 Arlington Arlington, Virginia. National ADDRESS wash. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE os.1661-Gd. Hope Rd.SE 1968

MARYLAND STATE DEPARTMENT OF HEALTH

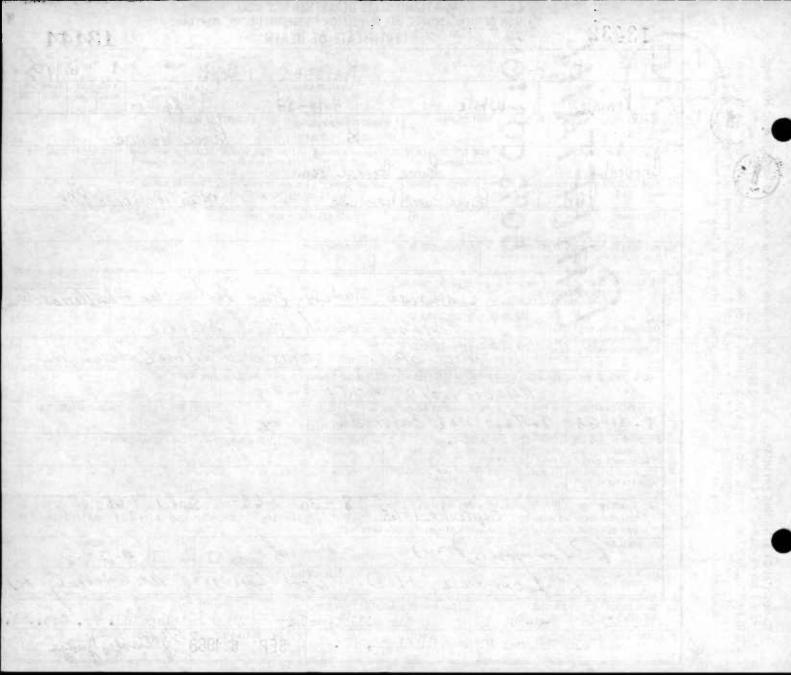
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DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13432 GHOL CERTIFICATE OF DEATH 13444 I. DECEASED-NAME Middle 20. DATE OF DEATH First 2b. HOUR deoth. death. and (Type or print) Month Yeor ertha 4. RACE after 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNOER 24 HRS lost birthdoy) OAYS HOURS ema 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) Virginia WIDOWED DO DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done) 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street oddress 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER buriol, cremotion, or removol, and in ony event odmission) STATE 13b. COUNTY YES X NO requires that the death certificate be execu IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost First Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. ARDIAC IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ANTENIO burial-transit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse POST- OPERATIVE STOTUS OF INTESTIMAL Obstruction CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 1 NT HNITT **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health priar to COMBLOJO 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? INTESTINGL OBSTRUCTION YES Page 4 moy be retoined by the hospital or 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work ot work TENDING 22a. I certify that (I) (this haspital) attended the deceased from 8 - 30 , 19 6 8 , ta Sept 1 , 19 68 , that (I) (we) last saw the deceased alive an September 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE PHYS. DIRECTOR PHYS. PHYSICIAN'S 22e. ADDRESS NOOVER NGORIA NAME (Type) 10001 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) Pr. Geo. Md. 4000 Suitland Rd. Cedar Hill Cemetery 250. RECID BY REGISTRAP 6 1968 Appress Suitland, Md. 24. FUNERAL DIRECTOR Wilhelm Funeral Home VR A15 (4) 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH



13433

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

| | | 13445 |
|---------------|---|-------|
| DATE OF DEATH | - | |

| 1. DECEASED-NAME | First | | Middle | | Last | 2 | a. DATE OF DEATH | | 2b. HOUR 5:35 |
|--|---|---|---|------------------|------------------|---------------------|---------------------------------------|-----------------|----------------------------------|
| (Type or print) | Josephine F. Rice | | Rice | ce September Day | | | 2, 1968 P:33 M | | |
| 3. 5EX | | 4. RACE | 30.70. | | 5. DATE OF BIRTH | | 6. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| Female | | Whi | te | | 1-29-13 | | los birthday) | MONTHS DAYS | HOURS MIN. |
| a. BIRTHPLACE (State of | or fareign | 7b. CITIZEN OF WI | HAT COUNTRY? | 8. MARRIED | NEVER MARRIEL | 9. 0 | OUNTY OF DEATH | | |
| country) New Yo | rk | U.S.A. | | WIDOWED | DIVORCED | | rince Georges | | Mo |
| O. CITY OR TOWN OF D | | 11. N/ | AME OF HOSPITAL OR IN | STITUTION (If no | t in hospital | 12a. USUAL O | CCUPATION (Kind of work done | 12b. KIND OF I | BUSINESS OR |
| Glenn | | g G | Tenn Dale | Hospit | | | of working life, even if retired.) | | |
| 30. USUAL RESIDENCE | Where deceas | sed lived, if institut | ion: Residence before | | VE | INSIDE CITY LIMITS? | Tour Stitlet Time Homely | | |
| D | .C. | / | | Washi | ugcon | ON KEK | 3004 30111 3 | treet S | |
| 4. FATHER'S NAME | First | Middle | Last | | MOTHER'S MAIDE | | Middle | | Last |
| | liam | | Watanal | | | illian | | McVu | legh |
| Yes no or unknown | ER IN U.S. AR/ | MED FORCES? war or dates of service) | 16b. SOCIAL SECURITY | | FORMANT | | Address | | |
| Yes, no or unknown) | | | 577-14-04 | +92 D | ecedent | | | | |
| 18. CAUSE OF DE | ATH (Enter or | nly ane cause per li | ne far (a), (b), and (c) | .) | | | | | MATE INTERVAL INSET AND DEATH |
| PART 1. DEAT | H WAS CAUSE | D BY: ATE CAUSE (a) Pu | lmonary tu | bercul | osis, fa | r adva | nced | 26 v | rears |
| 0112 |) | | S A CONSEQUENCE OF | | | 15(1) | | | |
| Canditians, if any | | (6) | | | | | | | |
| rise to immediat | | | S A CONSEQUENCE OF | . 10.25 | | | | | |
| stating the unde | rlying couse | (6) | of A consequence of | | | | | | |
| PART 2 OTHER SE | GNIFICANT COL | NDITIONS CONTRIBU | TING TO DEATH BUT N | OT RELATED TO | THE TERMINAL DI | SEASE OR COND | DITION GIVEN IN PART 1(a) | | |
| 0001 | | * | | | | | | | |
| 190. DATE OF OPER | ATION 19b. | CONDITION FOR WH | ICH OPERATION WAS PE | RFORMED | 20a. AUTOPSY | ? | 20b. IF YES, WERE FINDINGS CO | ONSIDERED IN CE | ERTIFYING |
| 19a. DATE OF OPER | YES NO EXAMENDED TO EXAMEND WAS TEXT OWNED TO THE THIRD TO SENSOR OF DEATH? | | | | | | | | |
| 21a. ACCIDENT, W. | AS UNDERLYIN | NG 21b. TIME OF | INJURY | 21c. HO | | | ture of injury in Part 1 or Part 2, I | tem 18.) | |
| S OR CONTRIBUTING | | TH HOUR A.M. | Manth Day Year | F - 10 T | | (| | , | |
| OR CONTRIBUTING (If either, natify notice) 21d. NJURY OCCL | | | AT HOME, FARM, STREET, FA | | ATION Street or | PED No | City ar Tawn | Caunty | State |
| While Not wh | ile 📉 | TEACE OF INJUNE | OFFICE BUILDING, ETC. | 211. 10 | MITON SHEET OF | K.I.D. Nu. | city of Town | Coomy | 31016 |
| at wark at wa | | · | 1 | I Constant | 3/79/ | 1966 | to 9/22/ 19 | 68 that | 8D / 11 |
| 220. I certify | thot ik! (th | lis nospitor) otto | ended the deceos | ed from | that in (3636) | | n death occurred on the do | | (F) (we) lo |
| | | | (didxeet) view the | body ofter d | eoth. | our) opinio | in death occorred on the do | re ond noor (| ond nom m |
| 22b. SIGNATURE | 11 | 1100 | | | | | 22c. [| DATE SIGNED | |
| | 411 | OF VVG | m | DEGRE | E PHYS. | MED. | TOR EX STAFF D 9/ | 22/1968 | 3 |
| 22d. PHYSICIAN'S | UVI | | | | 22e. ADDRES | | Dale Hospital | | |
| NAME (Type) | Moe | Weiss, | M.D. | | | - | Dale, Maryland | | |
| 23a BURIAL CREMATIO | N. 23b | DATE | 23c NAME OF | CEMETERY OR | REMATORY | | 3d. LOCATION (City of Tawn) | (Caunty) | (State) |
| KEMOVAL (Specify) | 9 | -25-196 | 8 7mt | A On | rot | | Washena | Time , | DC |
| 24. FUNERAL DIRECTOR | no | 100 1 | ADDRESS | Joer | 25 | a. REC'D BY R | | SIGNATURE | |
| att a state of the | Kothe | 16 40.4 | exalis) | Sitt | -1210 | | | conta a | ndak |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13434 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH Lost Month 9 (Type or print) V. Lottie Riffle 3. SFX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) female white Oct. 21. 1906 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED country) USA WIDOWED [DIVORCED | Ky. Prince George's i. 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital requires that the death certificate be executed within 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife give street address) INDUSTRY burial, crematian, ar remaval, and in any event, wit Leland Hospital Riverdale Own Home 13e. STREET AND NUMBER 9109 49th 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 3d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY Pro Geo College Park 49th ave YES NO 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle Mamie Charles Vestal 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war ar dates of service) Yes, no, or unknown) 402 03 5197 Kenneth E. Riffle Same as # 13 18. CAUSE OF DEATH (Enter only one couse per line for (q), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician.

• EUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-tran should be filed with the State Dept. af Health priar ta burial, crea stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town County While Not while at work 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 6001 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 9/5/68 Colmar Manor P.G. Ft. Lincoln

VR A15 (4) 30M REV. 1/68

2So. REC'D BY REGISTRAR F. Gasch's Sons Hyattsville, Md

ochanles

2b. HOUR

F UNDER 24 HRS.

Caldwell

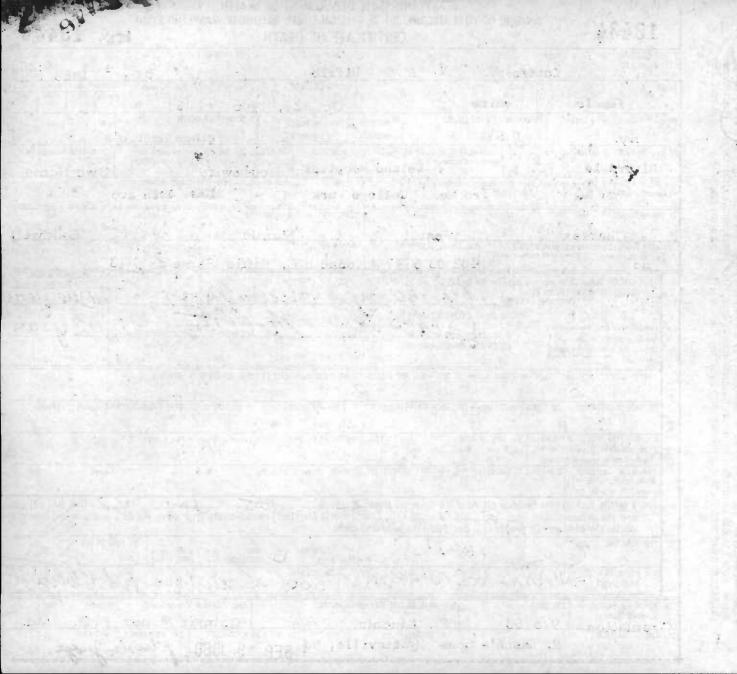
Stote

(Stote) Md.

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

9:20p



| L | 13435 | DIVISION OF VITAL RECORD | CERTIFICATE OF | DEATH | | エロ文を | <i>(</i> , |
|-----|--|--|---|--------------------------|---------------------------------------|--------------------|----------------|
| 1 | . DECEASED-NAME (Type or print) | SEPH PAMiddle Baby Boy | Lost | | o. DATE OF DEATH Month D | oy Yeor | 2b. HOUR |
| 1 2 | B. SEX | Baby Bey | Roberts Is. DATE OF E | | Sept. 29 | 1968 | 9:50P |
| ľ | Male | White | 9/29 | | 6. AGE (In years lost birthdoy) | MONTHS DAYS | HOURS MIN. |
| 7 | o. BIRTHPLACE (Stote or foreign | | 8. MARRIED NEVER MA | | OUNTY OF DEATH | 0. | 4 40 |
| (| country) Maryland | U.S.A. | | KKIED | rince George's | 5 | N |
| 1 | O. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL OR | INSTITUTION (If not in hospital | 12o. USUAL O | CCUPATION (Kind of work done | 12h KIND OF | BUSINESS OR |
| L | Chever l y | give street oddress) Prince Geor | ge's General | during most o | of working life, even if retired. | INDUSTRY | |
| 10 | 3o. USUAL RESIDENCE (Where of | Prince Geor deceosed lived, if institution: Residence befor | | 13d. INSIDE CITY LIMITS? | | | |
| L | Maryland | Prince Geo. | Seabrook | YES NO | /000-9/En AV | e | |
| ľ | 14. FATHER'S NAME First | Middle Lost narles Robertso | | MAIDEN NAME First | Middle | | Lost |
| 1 | 160. WAS DECEASED EVER IN U.S | | 1 6 1 1 1 | GINIA | ODWYER | | X 15 |
| | Yes, no or unknown) (If ye | yes give war or dotes of service) | = CHARLI | es E. Kot | BERTSON Address | SAME AS | 413 |
| F | 18. CAUSE OF DEATH (Ent | nter only one couse per line for (a), (b), and | | | 1 | | MATE INTERVAL |
| | PART I. DEATH WAS O | CAUSED BY: MMEDIATE CAUSE (o) | ederel 1 | MAK | CR. | DETWEEN | TOLL AND UEATH |
| | 17769 | DUE TO, OR AS A CONSEQUENCE | OF | | | | |
| ı | Conditions, if any, which crise to immediate cause | gove) (b) Prematu | rity, 3100 gr | ms. | | | 27.76 |
| ı | stoting the underlying co | DUE TO, OR AS A CONSEQUENCE | OF | | | | 5 570 |
| | lost. | | tory distress | | | | |
| | PART 2. OTHER SIGNIFICAN | NT CONDITIONS CONTRIBUTING TO DEATH BUT | T NOT RELATED TO THE TERMINA | AL DISEASE OR COND | DITION GIVEN IN PART 1(0) | | |
| | 190. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS | PERFORMED 20o. AUT | CPSY? | 20b. IF YES, WERE FINDINGS | CONSIDERED IN C | FRTIEVING |
| | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDE | THE SHALL SH | YES TE | | CAUSES OF DEATH? | | E. THEO |
| | | ERLYING 21b. TIME OF INJURY | 21c. HOW INJURY OF | X | Ye ture of injury in Port 1 or Port 2 | | |
| | OR CONTRIBUTING CAUSES (If either, notify medical e | OF OEATH HOUR A.M. Month Doy Ye exominer) P.M. | eor 19 | | | | |
| | | 21e. PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC. | | eet or R.F.D. No. | City or Town | County | Stote |
| | While Not while at work | | State of the Section | | | | |
| | 22o. I certify that (I | of alive on 29 | osed from 9/29 | , 19 68 | _, to9/29, 1 | 9 <u>68</u> , thot | (I) (Wax lo |
| | couses stoted a | above, (I) (did) (did) (did) view t | he body ofter deoth. | iiy) Waxa xopinio | n death occurred on the | dote and hour | ond trom th |
| | 22b. SIGNATURE | An. | | INC — MED | CTAFE 22 | c. DATE SIGNED | |
| - | | 11111 m | DEGREE PHYS. | DIREC | TOR STAFF PHYS. | Sept. 29 | , 1968 |
| 1 | 22d. PHYSICIAN'S NAME (Type) | ncis J . Warren, M. | D. 22e. AD | 909 Olive | r St. Chevy | Chase . 1 | /bM |
| - | Fra | | | | | | |
| 12 | 230. BURIAL, (REMATION, REMOVAL (Specify) | 23b. DATE 23c. NAME | of CEMETERY OR CREMATORY | mal | ARLINGTON (City or Town) | 1RGINI) | (Stote) |
| 1 | 24. FUNERAL DIRECTOR | ERS CO. RIVERDALE | ESS Alanda A | 2So. REC'D BY RE | / 1-/ | | |
| 1 | W.W.CHAMBI | ERS (O. NIVERDALE | MERKENIND | DATENCT | | man Ine | del. |

MARYLAND STATE DEPARTMENT OF HEALTH

TOTAL SECTION OF THE PROPERTY Maryland Irique fice. Seshibot. White Pile Jour-Filt Ave. - . . Chairtes Heherteen v. v. roma Chairteen LUCKER SEA LA FULLE Property its, 1900 errs. Tuesday Statems and the contract with the same of the Committee of the contract of The transfer of the contract of the Chery Chart . Half A CONTRACT OF THE PARTY OF THE - REST 1 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Yeor (Type or Print) Scouteris Michael N 1968 af DEATH MATED X delay and 3 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD ed. HOUR M3. 9 Doys MAY 15 1897 W TO M 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) GREECE Prince George WIDOWED DIVORCED [4.51 Pages. after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Riverdale Leland Hosp 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 6806 Baltimore Ave., 13b. COUNTY Prince George Hyattsvilles X NO odmission) STATE pencil in Item 18. hours after land 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Lost Middle Lost UNKNUWIU NKNUWN 24 pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** be executed within (Yes, no, or unknown) 408-46 2918 Nick BRAZOS - MEMPHIS File .⊑ APPROXIMATE INTERVAL within IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND OFATH farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: "pending" Bilateral hemothorax IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Minutes Conditions, if ony, which gove Multiple rib fractures rise to immediate couse (a). writing the word certificate should any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) D CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES [NO 🔀 shauld be 0 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year 3 shauld PRIMARY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. burial, crematian, Pedestrian struck by car 2 1968 7:50 P. pam. 9 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK AT WORK Md. College Park P.G. Street U.S. Rt. 1 Page 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my apinian the funeral directar. retained death resulted from: Notural causes Accident 3 Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 9-2-68 Riverdale Kehoe. DEPUTY MEDICAL EXAMINER may **EXAMINER'S** Health ADDRESS(Street, city, town, or county) NAME (Type) 0 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) ELM WOOD MEIN PHIS 1ENIV 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 VR A15ME (5) 10M REV, 1/68

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within 24 hours after

The law requires that the death certificate be

physician.

OR ATTENDING PHYSICIAN: be retained by the haspital or

Page 4 may b

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Hyattsville.

Md.

VR A15 (4) 30M REV. 1/68 REMOVAL (Specify)

F. Gasch's Sons

Burial

24. FUNERAL DIRECTOR

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) State Caunty 22c. DATE SIGNED 9-21-68 Prince Geo. Gen. Hosp. Cheverly, Md. 23d. LOCATION (City or Town) (County) (State) Mt Olivet Cemetery Washington D. C. 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR DATE SEP 2 4 1968

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13451

2b. HOUR

HOURS

Last

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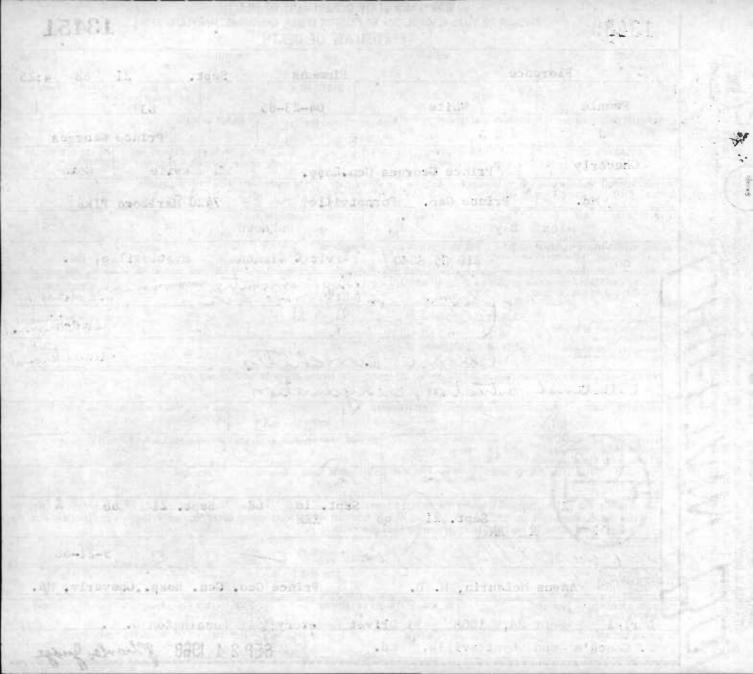
IF UNDER 1 YEAR

INDUSTRY

Prince Georges

8 3YRS

Address



Pages death

DICAL EXAMINER: This certificate should be executed within 24 hours

TO DEPUTY

necessary, please execute the certificate, writing the word "pending" in pencil in Item 1 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office

Health prior to buriol, cremotion, or removal, and in ony event within 72 hours atter O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land

State Departm

13440

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

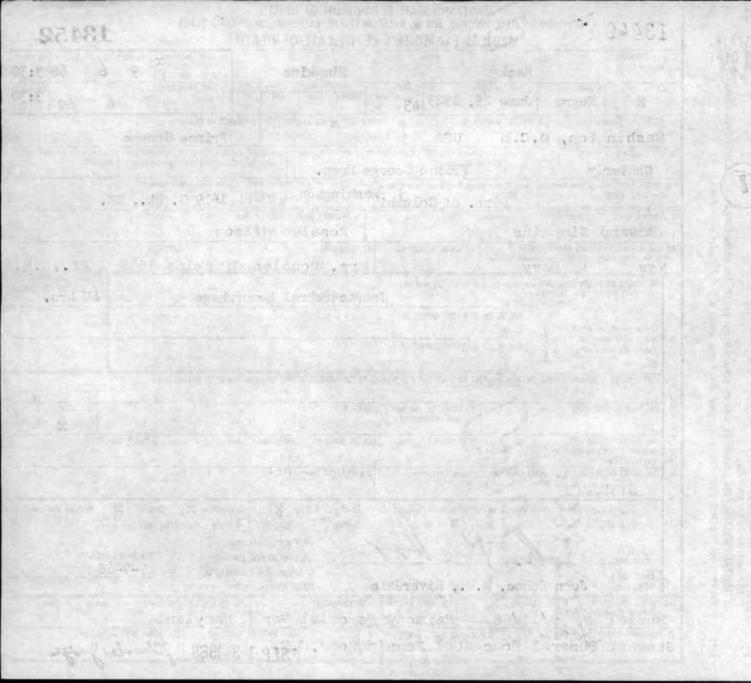
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13452

| | | | MEDIC | UP FVUIL | HITELY S. | CLIVIII | CAIL | OI DE | | | | | | |
|------------------|--------------------------|------------------------------------|--------------------------|-----------------------------|---------------------------------|------------|--------------------|-------------------|-----------------|------------------------|------------------|----------|------------------------------|-----------|
| | ASED-NAME e or Print) | Fire | | Midd | le | | Lost | | 130 | 2a. DATE KNO OF EST | | Doy | Year | 2b. HOUR |
| (1)pe | e or rilling | | Mack | | | | impki | ns | | OF EST DEATH MAT | | 6 | 1968 | 3:36 |
| 3. SEX | | 4. RACE | S. DATE OF BIR | | 6. AGE (In years | MONTHS | DER 1 YEAR DAYS | IF UNDER HOURS | 24 HRS. MIN. | 2c. DATE PRON | | | | 2d HOUR |
| | M | Negro | June 2 | 5, 1925 | 6. AGE (In years last birthday) | RS. | DATS | HOUKS | min. | Month | 9 Doy | 6 | 1968 |): By |
| | THPLACE (Stote | | 7b. CITIZEN OF WHA | AT COUNTRY? | 8. N | MARRIED _ | MEVER MA | RRIED 🔲 | 9. COL | JNTY OF DEATH | | | | |
| CONNE | ashin | gton, | p.c.b | USA | WI | DOWED _ | DIV | ORCED [| | Prince | George | | | М |
| 10. CITY | OR TOWN OF | DEATH | | AME OF HOSPITA | | | | | | CCUPATION (Kind | | | CIND OF BUSI | NESS OR |
| - | Cheffer | ly | give s | Princ | e Georg | ge Ho | sp. | | | of warking life, e | ven if retired.) | INDUS | IKT | |
| | UAL RESIDENT | | ased lived, if institu | tian: Residence | before 13c. Cl | TY OR TOW | N 13 | 3d. INSIDE CITY | | 13e. STREET AN | | | | |
| dullil | SSIGIL STATE | | 13b. COUNTY Dist | | olumbia | 100117 | 15001 | Y YES TAN | 10 🗌 | 1619 G | . St., | SE. | | |
| | IER'S NAME | First | Middle | | Last | | | DEN NAME | First | | Middle | | Last | |
| E | Edward | d Simp | kins | | | R | osal | ee W | ils | on | | | | |
| | S DECEASED EV | ER IN U.S. ARMED | FORCES? | 16b. SOCIAL SEC | URITY NO. | 17. INFOR | | | | | ADDRESS | | | |
| Уe | | | avy | | | Mrs | . Ro | sale | e S | impkin | s-1619 |) G | | |
| 11 | | | nly ane cause per lir | ne far (a), (b), c | and (c).) | | | | | | | - | APPROXIMATE BETWEEN ONSET | |
| | PART I. D | EATH WAS CAUS | ED BY: IATE CAUSE (a) | | I | ntrac | erebr | ral he | emor | rhage | | 1 | 48 hrs | |
| | 431 | 9 | DUE TO, OR | AS A CONSEQUE | NCE OF | Sec | arico. | Ville: | JESS. | | | | | SE S |
| | | nγ, which gave iote couse (a), | | | | | | | | | | | | |
| | | derlying couse | DUE TO, OR | AS A CONSEQUE | NCE OF | | | | | | | | | |
| la | st. | |) (c) | 2010 13 | C Chi | | 340 | 455 | | | | | | |
| PA | RT 2. OTHER ! | SIGNIFICANT CON | DITIONS CONTRIBUTI | NG TO DEATH B | UT NOT RELATE | D TO THE T | ERMINAL D | ISEASE OR | CONDITIO | ON GIVEN IN PAR | T 1(o) | | | |
| z Z | 31X | 405 | | 61701 | | | | | | 1000 | | 533 | | |
| E 19 | a. DATE OF O | PERATION | | 19b. CONDITION WAS PERFO | | PERATION | | | | | | | 20. AUTOPSY | ? |
| CERTIFICATION 61 | | | 4 | | | TOTAL SE | | | 1 | | MESTER. | | YES 🔀 | NO 🗌 |
| | O. EXTERNAL | CAUSE WAS R CONTRIBUTING | | INJURY Manth, D | аү, Уеаг | 21c. HOW | INJURY O | CCURRED (En | iter natu | ure of injury in P | art 1 ar Part 2, | Item 1B. | .) | 33-3 |
| 3 (| AUSE OF DEAT | H | P./ | M. | 19 | | 453 | 875 L | U.S. | 1-1-1-1 | 43 | 3-4 | - E | |
| 210 | d. INJURY OC | | PLACE OF INJURY (A | At hame, farm, s | street, | 21f. LOCAT | ION Street | ar R.F.D. Na. | 1 1 | City ar To | wn | Cau | inty | State |
| 1 | WHILE N | T WHILE | across, anne sonam | 9, 0,0,1 | | | | | | Anna IV | | 7 | | |
| 33 | 22o. I | certify that I | took charge of th | ne remoins de | escribed obo | ve, held | on Auto | psy 🗓, | Ins | spection 🔀, | Inquiry [| X, | ond in my | y opinior |
| | deoth re | sulted from: | Notural cous | es 🔼, A | ccident [], | Suicid | e 🔲, | Homicia | le 🔲 | Undeterm | ined monner | | | |
| | | 100 | // 1 | WI | 11 | | CHI | EF MEDICAL | EXAMIN | ER 🗌 | | | | |
| | ACTUAL SIGNATURE | | lan 1 | les | 77 | | M.D. ASS | ISTANT MED | ICAL EXA | AMINER | 22b. DAT | | D | |
| 8 | XAMINER'S | 10 | | 1 | | | DEP | PUTY MEDICA | AL EXAM | INER 🔀 | 9-7 | -68 | | |
| | NAME (Type) | / John | Kehoe, M | .D., Ri | verdale | Э | ADI | DRESS(Street | | own, ar county) | | | | |
| 23o. B | URIAL, CREMA | | D. DATE | | ME OF CEMETE | | | | | . LOCATION (City | or Town) | (Caun | ty) (St | tate) |
| | EMOVAL (Spec | THE RESERVE OF THE PERSON NAMED IN | /11/68_ | | mony | Memo | rial | | | Maryla | | | | |
| 24. FU | NERAL DIRECT | OR HATTLE | 1. Ste | wast, | ADDRESS | m T) | - d 3 | 2Sa. REC'I | D BY RE | | Sb. REGISTRAR'S | | | |
| Ste | ewart | Funer | al Home | -4001 | gennı | ngko | ad, N | DAFD | 1 3 | 1968 | Milion | Ean (| udge | |

VR A15ME (5),

5 may be retained far your files.



MARYLAND STATE DEPARTMENT OF HEALTH

13453

13441

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

| 1. DECEASED-NAME | First | Middle | | Lost | 2g. DATE OF | DEATH | | 2b. HOUR |
|--|--|---|----------------------|-------------------------------|----------------|-------------------------|---------------------|----------------------------------|
| (Type ar print) | Carl | J. | Sim | pson | Sept. | At-mak D. | 1968 ^{ear} | 9A. |
| 3. SEX | 4. RACE | | | DATE OF BIRTH | | 6. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS |
| Male | Cauca | sian | | March 25, 19 | 10 | last birthdoy) | MONTHS OAYS | HOURS MIN |
| 7a. BIRTHPLACE (State or f | | HAT COUNTRY? 8. MA | RRIFD TV | MEVER MARRIED 9 | COUNTY OF | | | II |
| Washington | D. C. U.S. | | OWED _ | | Prince | George's | | A |
| 10. CITY OR TOWN OF DEAT | TH 11. N | AME OF HOSPITAL OR INSTITUTION | | in hospitol 120. USUAL | OCCUPATION | (Kind of work done | 12b. KIND OF | BUSINESS OR |
| Cheverly | give Pr | street address) ince Geo. Gen | '1 H | ospital duri Ref | t of Cotties | if even if retired.) | PADUERY I | P. Co. |
| | ere deceosed lived, if institu | tian: Residence befare 13c. (| | OWN 13d. INSIDE CITY LIMI | 13e. ST | REET AND NUMBER | | |
| odmission) STATE Maryland | Prince | George's Ken | t Vi | llage YES NO | 730 | 2 Forest F | Road | |
| 14. FATHER'S NAME F | rst Middle | Lost | 15. A | MOTHER'S MAIDEN NAME Fire | st | Middle | | Last |
| Jesse | A. | Simpson | | Mir | nnie_ | | E | Boyld |
| 160. WAS DECEASED EVER Yes, no, or unknown) | N U.S. ARMED FORCES? (If yes give war or dates of service) | 16b. SOCIAL SECURITY NO. | 17. INF | ORMANT | | Address | | |
| no | | 577 05 5053 | A | nnie L. Sim | pson | Same as | 13 | |
| | (Enter only ane couse per li | ne for (a), (b), ond (c).) | | | | | | MATE INTERVAL DISET AND DEATH |
| PART I. DEATH V | VAS CAUSED BY: IMMEDIATE CAUSE (a)S | evere Stenosi | ng C | oronary Arte | rioscl | erosis wit | h | |
| 4104 | DUE TO, OR | AS A CONSEQUENCE OF (a) | | | | | | |
| Conditions, if ony, w | hich gave) (b) | | Pos | terior septa | 1, lef | t ventrica | 1. | |
| stating the underlyi | ng couse DUE TO, OR | AS A CONSEQUENCE OF (b) | Rup | ture of left | ventr | ical throu | igh Infa | rct. |
| last. | , (c) | (c) | Art | erioscleroti | c Hear | t disease | with he | aled |
| 11001 | eicalita on Hemobe r | Heard Hall No. 10306 | ATED TO) | HE TERMINAL DISEASE OF CO | MOUTION GIVE | c Tamponac | le. | |
| 19a. DATE OF OPERATION 21o. ACCIDENT WAS | N 19b. CONDITION FOR WE | IICH OPERATION WAS PERFORM | ED | 2Da. AUTOPSY? | | YES, WERE FINDINGS | CONSIDERED IN C | ERTIFYING |
| RTIFIC | | | | YES XX NO | CAUSES | OF DEATH? Yes | | |
| 210. ACCIDENT WAS | | | 21c. HOW | INJURY OCCURRED (Enter I | nature af inju | ry in Part 1 or Part 2, | Item 18.) | |
| (If either, natify med | icol exominer) P.M. | 19 | | | | | | |
| 21d. INJURY OCCURR While Nat while at wark at work | | (AT HOME, FARM, STREET, FACTORY,) OFFICE BUILDING, ETC. | 21f. LOCA | TION Street ar R.F.D. Na. | City | ar Tawn | County | State |
| 22a. I certify the | at 🗯 (this hospital) ott | ended the deceased fro | m_Se | pt. 7, 19_6 | 8_, to_S | ept. 13, 19 | 68_, that | (1)c(we) lo |
| saw the de causes state | ceased alive an Seed above, #) (we) (dip) | ended the deceased from 1319 68 | _, and i after de | that in () (our) opin oth. | ion deoth o | occurred on the de | ate ond hour | and from th |
| 22b. SIGNATURE | VA | nan | DEGREE | 11113. | D. RECTOR | STAFF PHYS. XXX | 9/13/ | 18 |
| 22d. PHYSICIAN'S NAME (Type) | - | | | 22e. ADDRESS | EGL PE | | | |
| Dr. | S. Vijayach | andran Nair, | I.D. | Prince Geor | ~ | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETE | | 100000 | | ON (City or Town) | (CountMar | yFand |
| REMOVAL (Specify) Burial | 9/16/68 | Ft. Lin | coln | | Colm | ar Manor | P.G. | |

1968

VR ALS (4) 30M REV

Francis Gasch's Sons Hyattsville, Md.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending

directar, page 3 shauld be detached far use as the burial-transit permit nould be filed with the State Dept. af Health priar ta burial, crematian, or

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

Page 4 may be retained by the haspital or attending physician.

carban papers. Pa ent, within 72 hours

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| | | p.10.01. | | ei p |

FOR STATE HEALTH-DEPT. -PM3. Page

ny delay is

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-tronsit permit. File pages land 2 with 5 may be retained for your files.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate should be executed within 24 hours after death

DICAL EXAMINER:

TO DEPUTY

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

a State Department of Heolth prior to buriol, cremation, or removal, ond in any event within 72 hours after dea 2 13442

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

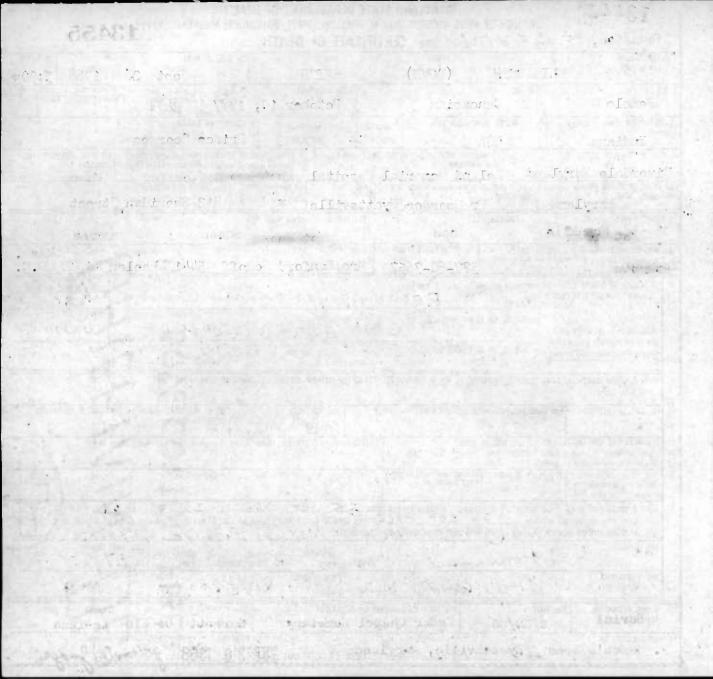
13454

| | ECEASED-NAME Type or Print) | First | | Middle | | Last | | HIE. | 20. DATE KN | | Month | Day | Year | 2b. HOUR |
|-----------------------|--------------------------------|----------------------------------|---|------------------------|--------------|--------------------|------------------|-----------------|-----------------|-----------|-----------|--------------------|----------------------------|-----------------|
| , | Type of Film) | Eugene | е | | 5 | Smallwood | 1 | 300 | OF E DEATH M | ATED X | 9-30 |)-68 | 199: | 17am M |
| 3. S | EX | 4. RACE | S. DATE OF BIRT | | GE (In years | MONTHS DAY | | 24 HRS. MIN. | 2c. DATE PRO | | | | | 2d. HOUR |
| | Male | White | 2-10-18 | | 79 YF | | 3 HOOKS | Mint. | Month | | 30 | Yea | 8 9: | 26amm |
| 70. | BIRTHPLACE (Sto | te or foreign 7b | . CITIZEN OF WHA | AT COUNTRY? | 8. N | MARRIED NEVER | MARRIED | 9. COU | NTY OF DEAT | H | 15,750 | 1400 | 77 | 29, |
| coun | IN NEW | JERSEY | V.S | | WI | DOWED | OIVORCED [| P | rince (| Georg | ge 's | | | Md. |
| 10. (| ITY OR TOWN (| OF DEATH | | ME OF HOSPITAL OR | INSTITUTIO | ON (If nat in hosp | ital 12a. l | JSUAL OC | CUPATION (Kin | nd of wo | rk dane | | ID OF BUSI | NESS OR |
| | Chever | lv | Pr | rreet address) | rge F | dospital | | 421 | working life | | | INDUSTR | SAR | MY |
| | | ICE (Where deceased | d lived, if institut | tian: Residence befo | re 13c. Cl | TY OR TOWN | 13d. INSIDE CITY | | 13e. STREET A | AND NUME | | | | - 1 |
| 0 | dmission) SIAT | and | Prince | George 's | Riv | rerdale | YES X | NO 🗌 | 5314 I | aylo | or Ro | ad | | |
| 14. F | ATHER'S NAME | First | Middle | Las | t | 15. MOTHER'S | MAIDEN NAME | First | 1 - 4 | Mid | | 135 | Last | |
| > | u | MLLIAN | 1 SMA | VLWOOT |) | HAI | TAHY | | LEE | | | | 11/1 | |
| | WAS DECEASED E | VER IN U.S. ARMED FO | RCES? | 16b. SOCIAL SECURITY | NO. | 17. INFORMANT | | OAL | 01111 | ADDRES | 2 38 | 3/01 | JUST | INPL |
| 1 | YES | W.W. I | AMOTT | UNKNOW | N | EUGEN | Ef. | 2W | ALLW | 000, | FAI | | | |
| A | | F DEATH (Enter only | one couse per lin | ne far (o), (b), and (| c).) | | 95LE.H | | | | 197 | | APPROXIMATE TWEEN ONSET | |
| | PART I. | DEATH WAS CAUSED I | BY: E CAUSE (a) | leart fail | Lure | | 1975 | 387 | | | | min | utes | |
| | 412 | . 9 | DUE TO, OR | AS A CONSEQUENCE | of Art | cerioscle | erotic | hear | rt dise | ease | 51.0 | 10 | | 1990 |
| | | any, which gave diate cause (a), | (b) | | | | | | | | | | 17.9 | |
| | | nderlying couse | DUE TO, OR | AS A CONSEQUENCE | OF | | | | | | 201 | | 7. 18. | |
| | last. 4 | 300 | (c) | | | | | | | | | | | |
| | PART 2. OTHER | SIGNIFICANT CONDITI | IONS CONTRIBUTI | NG TO DEATH BUT NO | OT RELATE | D TO THE TERMINA | L DISEASE OR | CONDITIO | N GIVEN IN PA | ART 1(a) | | | | |
| z | Di | labetes - | known c | ver 25 yr | cs. | | | | | | | | | |
| ATIO | 19a. DATE OF | OPERATION | | 19b. CONDITION FOR | | PERATION | The same | | 700 | 9017 | 6.00 | 20 |). AUTOPSY | ? |
| TIFE | | | No. | WAS PERFORME | U? | | | | | | | 191 | YES 🗌 | NO 🔀 |
| MEDICAL CERTIFICATION | 21a. EXTERNAL | CAUSE WAS OR CONTRIBUTING | 21b. TIME OF I | NJURY Manth, Day, Y | eor | 21c. HOW INJURY | OCCURRED (E | nter natu | re of injury in | Part 1 or | Part 2, I | tem 1B.) | 100 | |
| DICA | CAUSE OF DEA | TH | P.A | | | | | 1,973 | 200 | - 15 | | | | |
| ME | 21d. INJURY O | | ACE OF INJURY (A | t home, farm, street | , | 21f. LOCATION Str | eet ar R.F.D. No |). | City or 1 | Town | -44 | Caunt | У | State |
| | AT WORK | AT WORK | ory, ornce bonding | g, etc.) | | Test III | | | -53 F | | | | | |
| | 22a. I | certify that I tac | ak charge of th | ne remains descri | bed aba | ve, held an A | utapsy , | Ins | spection X |], Inc | quiry [|], ai | nd in m | y apinian |
| 9 | death r | esulted fram: | Natural cous | es 🔀 , Accide | eht . | Suicide 🗌 | , Hamicio | de 🔲 | Undeter | mined r | manner | | | |
| 10 | | ^ | (/ | [.] | Y | | CHIEF MEDICAL | EXAMINE | ER 🔲 | | | | | |
| | ACTUAL SIGNATURE - | | M | 1/a | 1 " | /M.D. | ASSISTANT MED | DICAL EXA | MINER | | 22b. DATE | | | |
| | EXAMINER'S | | 10 | | | 7 | DEPUTY MEDIC | AL EXAMI | NER X | | | 9-30 |)-68 | |
| | NAME (Type) | John Kel | loe MD | Riverda | ale, | | | t, city, ta | wn, ar caunty |) | | | | |
| 23a | BURIAL, CREMA | | T 4, 191 | 68 ARL | F CEMETE | RY OR CREMATORY | STIONA | | LOCATION (CI | | | (County) | | rate) |
| 24. | FUNERAL DIREC | | ns 60 | | RESS | Marylan | 250. REC | D BY REC | | 25b. RE | | SIGNATU | | 2 |
| R. | | | E S S S S S S S S S S S S S S S S S S S | | | | | | | - 44 | _ | THE REAL PROPERTY. | - | STREET, SQUARE, |

VR A15ME [5] 10M REV. 1/68

| | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely illed in by the some | nsir permit. That please remove carbon papers. Pages, and | matian, ar removal, and in any event, within 72 hours after death. | 7/ | 000 |
|---|---|---|--|-----|-----|
| rage 4 may be retained by me mashing of anemaling properties. | ECTOR: After this certificate has been signed by | shauld be detached far use as the burial-tra | with the State Dept. af Health priar ta burial, cre | | / |
| Lage 4 Hay be | TO FUNERAL DIRE | director, page 3 | shauld be filed v | (4) | 1 |
| | 30 | M R | EV. | 1/6 | R |

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3455 Items#586. FilmG405 10/14/68 km CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Sent (NONE) ELIZABETH SMITTH 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last hirthdoy) MONTHS Female Caucasian October 19. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Indiana Prince Georges WIDOWED F DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during mast of working life, even if retired.) INDUSTRY Riverdale Maryland Leland Memorial Hospital Housewife
13e. STREET AND NUMBER Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY YES NO 812 Sheridan Street Hvattsville Georges 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost Franklin Whan Susan Moore 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Wash. (If yes give war or dates of service) Yes, nover unknown) Mrs Danford Schoff 5441 Wheeler Rd SE 577-68-7657 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: REMAL DAY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF GEN. ARTERIOSCLEROSLI UNKNOWN Canditians, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES 🔽 NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from \$5.500, 1968, ta 26.500, 1968, that (1) (we) last 26 3EP 19 LX, and that in (my) (aur) apinion death accurred an the date and haur and fram the saw the deceased alive an____ causes stated abave, (1) (we) (did) (did nat) view the bady after death. Medical Examiner NoTicied + released 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR L PHYS. 22d. PHYSICIAN'S 22e. ADDRESS VERDALE MD NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b, DATE 23a. BURIAL, CREMATION, (County) REM BALLS ien I Cedar Chapel Cemetery 9/30/68 Garrett DeKalb Indiana 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Hyattsville, Maryland F. Gasch's Sons 1968



FOR STATE HEALTH DEPT.

necessary, please execute the certificate, writing the word" pending" in pendits them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examples office along with form. Priss Page 5 may be retained for your files. af

TO DEPUTY

VR A15ME (5) 10M REV. 1/68

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State II Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

16:

MARYLAND STATE DEPARTMENT OF HEALTH 1344% DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 1 | 34 | 56 | 3 |
|---|----|----|---|
| | UI | | |

| | Type or Print) | Fire | st | Midd | le | | Lost | | | | Doy Yeor | 2b. HOUR |
|---------------|-----------------------|-------------------------------------|----------------------------|-------------------------|-----------|----------------|---------------------|-----------------|-------------|--|------------------------------|-----------|
| , | type of rinit) | Fran | klin | | | | Smith | 3 | | DEATH MATED \$ 9-17 | -68 1970 | Mq00: |
| 3. S | EX | 4. RACE | S. DATE OF BI | RTH | 6. AGE | n years | IF UNDER 1 YEAR | IF UNDER | 24 HRS | 2c. DATE PRONOUNCED DEAD | 00 20 | 2d. HOUR |
| | Male | Negro | IN-9-] | 0-32 | 36 | thday) YRS. | MONTHS DAYS | HOURS | MIN. | Month Pay | 6819 11 | - 30mm |
| 70. | BIRTHPLACE (Sto | te or foreign | 7b. CITIZEN OF W | | 8. | | RRIED TNEVER MA | RRIED | 9 COU | INTY OF DEATH | 0017 11 | () O OIN |
| cour | Georg | ria | USA | | | | | ORCED | | ince George's | | Md. |
| 10. (| CITY OR TOWN C | OF DEATH | | IAME OF HOSPITAL | OR INST | | (If not in hospitol | | | | 12b. KIND OF BUSI | |
| F | Beacon | deights | give | street oddress) O block | 57 8 | + | Avenue | | | | INDUSTRY | III. |
| 130. | USUAL RESIDEN | ICE (Where deced | sed lived, if instit | ution: Residence | before 1 | 3c. CITY | OR TOWN | Bd. INSIDE CITY | LIMITS? | 13e. STREET AND NUMBER | | |
| Ma | dmission) SIAI | | Prince | George | 1s F | ain | mont Hgts | YES 🔲 I | NO 🔲 | 5700 Jay Stree | t | |
| 14. F | ATHER'S NAME | First | Middl | | Lost | | IS. MOTHER'S MA | | First | Middle | Lost | |
| | unkno | wn | | | | | Es | ster | Smi | .th | | |
| | WAS DECEASED E | VER IN U.S. ARMED | | 16b. SOCIAL SECU | JRITY NO. | 1 | 7. INFORMANT | | | ADDRESS | | |
| 1, | es, no, or unkno | (IT yes give | e war ar dates of service) | | 100 | | Beulah | Smit | h | wife 5700 Ja | at St. | 1000 |
| | | | nly one couse per | line for (o), (b), o | nd (c).) | 337 | | | | | APPROXIMATE BETWEEN ONSET | |
| - | PART I. | DEATH WAS CAUS! | ATE CAUSE (o) | ultiple | sta | b w | ounds of | chest | t | | | |
| 16 | 966 | X | | AS A CONSEQUE | NCE OF | | | | | The state of the s | | |
| | | ony, which gove | | | | | | | | | | |
| | | diote couse (o), nderlying couse | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | | | |
| | last. | | (c) | | | | | | | | | |
| | PART 2. OTHER | SIGNIFICANT CON | DITIONS CONTRIBUT | ING TO DEATH BU | JT NOT R | ELATED | TO THE TERMINAL D | ISEASE OR | CONDITIO | ON GIVEN IN PART 1(o) | | |
| - | 9821 | | | | | | | | | | | |
| ATIO | 190. DATE OF | OPERATION | TO MAKE | 19b. CONDITION | | CH OPE | RATION | | | | 20. AUTOPSY | ? |
| CERTIFICATION | 2.75 | | | WAS PERFO | RMED? | | | | | | YES TSC | NO 🗀 |
| | 21o. EXTERNAL | | 21b. TIME OI | INJURY Month, D | ογ, Yeor | 2 | 1c. HOW INJURY O | CCURRED (Er | nter notu | re of injury in Port 1 or Port 2, Iter | m 18.) | |
| MEDICAL | CAUSE OF DEA | OR CONTRIBUTING | 10:06 | M. 9-17 | - 19 6 | 8 | Stabbed | l by a | assa | ilant. | | |
| ME | 21d. INJURY O | CURRED 21e. | PLACE OF INJURY | At home, form, s | treet | 2 | If. LOCATION Street | or R.F.D. No |). | - City or Town | County | Stote |
| - | WHILE AT WORK | NOT WHILE AT WORK 2 13 | 600 block | of 51s | t. A | ven | ue, Beaco | on He | ight | s, Prince George | e Co., M | ld. |
| 19 | 22a. I | certify that I | took charge of | he remoins de | scribed | abave | e, held an Auto | ipsy 🔀 , | Ins | spection X, Inquiry | | |
| - 6 | death re | esulted fram: | Notural car | Bes Da Ac | cident/ | 1 | Suicide , | Homicio | de 🖹 | Undetermined monner | | |
| | | 1 | 11 | 14 | 11 | | CHI | EF MEDICAL | EXAMINE | ER 🗍 | | |
| 12 | ACTUAL SIGNATURE _ | 11 | All | 5/14 | X | 77 | M.D. ASS | ISTANT MED | DICAL EXA | AMINER 22b. DATE S | IGNED | |
| | EXAMINER'S | 1 | 0 | | , | 1 | DEF | UTY MEDICA | AL EXAMI | NER 🔀9 | 18-68 | |
| | NAME (Type) | John I | Sehoe MD | River | dale | M | d. ADI | DRESS(Stree | t, city, to | wn, or county) | | |
| 230 | BURIAL, CREMA | ATION, 23b | . DATE | 23c. NA | ME OF CE | | OR CREMATORY | | 23d. | LOCATION (City or Town) | (County) (St | tote) |
| В | urial REMOVAL (Spe | 9 | /21/68/ | / Har | mon | y M | lemorial | Par | k | Marvland | | |
| | FUNERAL DIREC | 1000 | w 7. De | ewart | ADORESS | | | 2So. REC | D BY REC | GISTRAR 2Sb. REGISTRAR'S SI | | Form I ! |
| S | tewart | Funer | al Home | -4001 | Ben: | nin | g Road, | NAIE. | SEP | 2 3 1968 gclio | who Jus | ge |

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| 1 | | 13445 | | OIVISION OF | MARYLA VITAL RECORD | ND STATE S. 301 W. P | DEPARTMENT (RESTON STREET, I | OF HEALT | TH E. Marylai | ND 21203 | 0.4 ~ \ | |
|---|---------------|--|-------------------|----------------------|--|-------------------------|-------------------------------|--------------------------------|-----------------------------------|-------------------------------|--------------------------|---------------------------------|
| | T+. | ems7a,b,&8 | Fil | mGLOL 9 | 121,168 lm | CERTIFIC | ATE OF DEA | TH | | 1. | 3457 | |
| | I. DE | EASED-NAME | First | подод_у | Middle | | Lost | | DATE OF DEATH | 100 | | 2b. HOUR |
| | (1) | pe or print) | The 1 | ma | R. | | Smithea | | Sept. | anth Da 196 | Yeor | 4.30 |
| | 3. SE) | | | 4. RACE | | | S. DATE OF BIRTH | | 6. AG | E (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| | | Female | 17 | С | olored | | 05-23-0 | 06 | last | 62 YRS. | MONTHS DAYS | HOURS MIN. |
| | 7o. 8 | RTHPLACE (State ar fore | eign 7 | b. CITIZEN OF W | HAT COUNTRY? | 8. MARRIED | NEVER MARRIED | | INTY OF DEATH | | | |
| | | Virginia | | USA | | WIDOWED | ** | 4 | | ce Geo | | Md. |
| 7 | IV. CI | IT OR TOWN OF DEATH | | 11. N give | AME OF HOSPITAL OR street address) | INSTITUTION (If r | at in haspital 12a | i. USUAL OCCL ing mast af v | UPATION (Kind warking life, ex | of work done ren if retired.) | 12b. KIND OF INDUSTRY | BUSINESS OR |
| 1 | 130 1 | Cheverly ISUAL RESIDENCE (Wher | o docascad | Pr | street address) ince Geor | ges Ger | Hosp. | DE CITY LIMITS? | 13e. STREET AI | | | 1177 |
| 0 | admis | sian) STATE | | 13b. COUNTY | | Seat | Pleasant | | | | Street | |
| Ę | 14. F/ | THER'S NAME / Firs | <u> </u> | Princ Middle | e Ceorges | 1 | . MOTHER'S MAIDEN N. | AME First | - | Middle | | Lost |
| | | unkn | 0-120 | | | | | now | ou | | | |
| I | | WAS DECEASED EVER IN | U.S. ARMED | FORCES? | 16b. SOCIAL SECURIT | Y NO. 17. | NFORMANT | 8 | | Address | 02 | 1 |
| 1 | Ye | s, no, or unknown) (| it yes give war o | or dates of service) | | 6 | parauce | Bom | Cheou | Mak | PX. D | 19. |
| I | | 18. CAUSE OF DEATH | (Enter only | ane couse per li | ne far (a), (b), ond (| (A) | A 1 | 1 4 1 | 1 15 | | APPROXIA BETWEEN O | MATE INTERVAL NSET AND DEATH |
| | | PART I. DEATH WA | IMMEDIATE | SY: CAUSE (o) | Rena | cell | Ca met | antito | e test | | | |
| | | 1870 | | DUE TO, OR | AS A CONSEQUENCE (|)F | 4 | | 0 | | | |
| | | Conditions, if ony, which rise to immediate cau | | (b) | | | | | | | | |
| 1 | | stating the underlying | couse | | AS A CONSEQUENCE (|)F | | | | | | |
| | - | PART 2. OTHER SIGNIFIC | CANT CONDI | TIONS CONTRIBI | ITING TO DEATH BUT | NOT DELATED TO | THE TERMINAL DISEAS | CE OD CONDITIO | ON CIVEN IN D | DT 1/a\ | | |
| | | 1 80 X | CANT CONDI | HOUS CONTRIBU | TINO TO DEATH BOT | NOT KELATED I | THE TERMINAL DISEAS | SE OR CONDITIO | ON GIVEN IN FA | K1 1(0) | | |
| | CERTIFICATION | 9a. DATE OF OPERATION | 19b. CO | NDITION FOR WH | HICH OPERATION WAS | PERFORMED | 20a. AUTOPSY? | | 20b. IF YES, W | ERE FINDINGS | CONSIDERED IN CE | RTIFYING |
| 4 | TEC | | | | | | YES 🔲 N | NO 🔀 ON | CAUSES OF DE | ATH? | | |
| | L CER | la. ACCIDENT WAS UN | | 21b. TIME O | | 21c. H | OW INJURY OCCURRED | | e of injury in Po | art 1 or Part 2, | Item 18.) | |
| 1 | MEDICAL | or contributing caulf either, natify medical | I exominer | HOUR A.M. P.M. | | 19 | | | 3.7 | | | |
| 1 | | 21d. INJURY OCCURRED While Not while | 21e. PL | ACE OF INJURY | (AT HOME, FARM, STREET, OFFICE BUILDING, ETC. | FACTORY,) 21f. LO | CATION Street or R.F. | .D. Na. | City or Tav | /n | County | State |
| 1 | | it wark 🗀 at work 🗀 | | | | | | | 1. | | 7.71 | |
| | | 220. I certify that saw the dece | (I) (this | haspital) att | ended the deced | ised from A | that in (my) (au | 19 48, | to 9/1 | od an the d | 69 , that | (I) (we) lost |
| | | causes stated | Labave/)(| | (did nat) view th | e body after | death. | i) obilligit (| ueum urcun | eu an me a | are and noor | פחד חוםוו מונכ |
| | | 22b. SIGNATURE | 9 9 | | nong | . 0 | ATTENDING | n MED. | STAF | | DATE SIGNED | |
| | | Hel | 100 | 1 min | und, | MID DEGI | EE PHYS. | DIRECTO | R PHYS | | 9/15/6 | 2 |
| 1 | | 22d. PHYSICIAN'S ¹ NAME (Type) | Georg | e S R | anning, M. | D. | 22e_ADDRESS | | | 4 | 1 | |
| - | 22.0 | | | | | OF CEMETERY OR | CDEMATORY | 1 227 | LOCATION (City | or Town) | (Mauntu) | (State) |
| | 230. | BURIAL, CREMATION, REMOVAL (Specify) | 23b. DA | 19-6 | 8 2 | 1 / | CKEMATORT | 230. | LOCATION (CIT) | inverid | (County) | (Sidle) |
| 1 | 24. | UNERAL DIRECTOR | - (| 1 | ADDRE | | | EC'D BY REGI | STRAR 25 | b. REGISTRAR'S | | |
| 1 | Ta | rey fair | eal s | Home | 383/ 5 | c. Clary | DATE | SEP 1 S | 9 1968 | golia | when Jus | 42 |

5200t CATTO THE PARTY OF Edel Ch Jable remain Colored Prince Caprack Prince Ceorges Con. no.o. general and supremental to the contraction of the c PLOTE BELLEVIE SEET OF LE Coorse Er canning, S. s.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120J CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2o. DATE OF DEATH 2b. HOUR (Type or print) 3. SEX DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR MONTHS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH CHORGE MARRIED NEVER MARRIED country WIDOWED DIVORCED'T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address INDUSTRY during most of working life, even if retired.) event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER COUNTY COLUMBIA remave and in any Middle Lost MAIDEN NAME First Middle and please 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or inknown) (If yes give war or dates of service) signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN DISET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS Conditions, if on , which gove) rise to immediate couse (o). DUE TO, OR AS A SONSEQUENCE OF stoting the underlying couse attending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) priar ta has been the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING SD CAUSES OF DEATH? YES 🗍 NO I State Dept. af Health by the haspital or O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote DEFICE BUILDING FTC While Not while of work 22a. I certify that (this haspital) attended the deceased from 1958, and that in (m) (aur) apinian death accurred an the date and haur and from the be retained directar, page 3 shauld shauld be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 25/3 Buck/81 NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Charleston. West Virginia 9-6-1968

VR A15 (4) 30M REV. 1/68

The law requires that the death certificate be executed

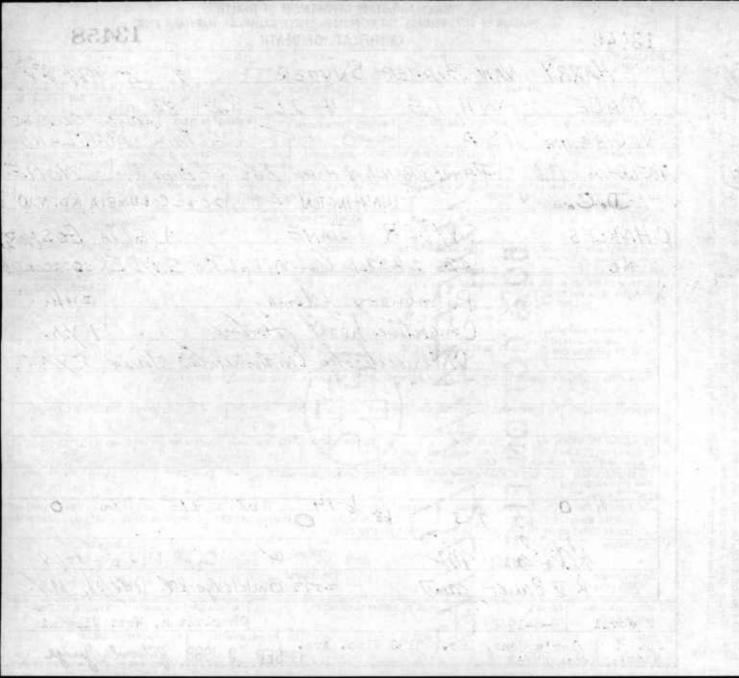
Cawler's Son D.C. 20016

Sons.

Inc. Wisc. Ave

2So. REC'D BY REGISTRAR 1968

2Sb. REGISTRAR'S SIGNATURE Charle



FOR STATE HEALTH DEPT and 3 to 8. Give Pages This certificate should be executed within 24 hours after deat necessory, please execute the certificate, writing the word "pending" in pencil in Item. land 2 Health prior to buriof, cremotion, or removal, and in any event within 72 hours after the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's TO FUNERAL DIRECTOR: Poge 3 should be used as a burial-transit permit. File pages DICAL EXAMINER: files. 5 moy be retained for your TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH

| Item# | 344 #2c, | FilmGho | | | | | CERTI | | | | | 201 | - 1 | 134 | 59 | |
|--------------|-------------------------|-------------------------------------|-----------------------------------|---------------------------------|---------------|--------------|-----------------------|-------------|----------------|-----------|----------------------|----------------|----------------|-----------|-----------------------------|-------------------------|
| 1. DECEASED | | Firs | | | Middle | | | Lost | 200 | | 2a. DATE | | ☐ Manth | Doy | Year | 2b HOUR |
| (Type of | runij | G | eorge | | He | owar | d | Soud | ler | | OF DEATH | ESTI- MATED | 3 9 | 6 | 1968 | am M |
| 3. SEX | | 4. RACE | S. DATE C | F BIRTH | 6. | AGE (In) | years IF UI | IDER I YEAR | IF UNDER | R 24 HRS. | 2c. DATE | | ICED DEAD | | | 24 HOUR |
| | M | W | 24 3 | lan., | 1898 | lost birthd | YRS. | DATS | HOURS | mir. | Mont | 98 | Day 6 | 5 Y | or 19 68 | amm |
| | LACE (Stat | e or foreign | 7b. CITIZEN O | F WHAT COL | JNTRY? | 8. | MARRIED [| NEVER MA | RRIED 🔀 | 9. CO | UNTY OF D | EATH | 7.00 | | | |
| country) | Md | 50 - 340 | U | S A. | | | WIDOWED | DIVO | ORCED | 100 | Princ | ce Ge | eorge | | | Md |
| 10. CITY OR | TOWN O | F DEATH | | | F HOSPITAL O | R INSTITU | UTION (If nat | in haspitol | | | CCUPATION | | | 12b. K | IND OF BUS | SINESS OR |
| | H | vattsvil | le | give street o | oddress) H | ome | | | dutin | g mast o | of working ed Agr | ricu. | l'ture | Monzi | Gov | ernmen |
| | RESIDEN | CE (Where deceo | sed lived, if i | nstitutian: I | Residence be | fore 13c. | CITY OR TO | | d. INSIDE CITY | LIMITS? | 13e. STRE | ET AND N | UMBER | | - 7-11 | |
| odmissia | in) STATE | Md. | 13b. COUN | Princ | e Geo | rge | Hwatts | sville | e YES 🔀 | NO 🗌 | 1801 | L Ch: | illum | Rd. | | |
| 14. FATHER'S | S NAME | First | ¥ | Middle | L | ast | 15. MC | THER'S MAI | DEN NAME | First | | | Middle | | Los | t |
| | | Lewis | F Sou | der | | | | | Mal | rgar | et M | Lenh | ardt | | | |
| | or unknow | ER IN U.S. ARMED | FORCES? wor or dotes of ser | | OCIAL SECURI | TY NO. | 17. INFO | TAMANT | 144 | 100 | | ADD | RESS | | | |
| | 10 | vii) (ii yes give | war or gores or se | vice) | | | Lew | is L. | Boar | rman | | Hya | ttsvi | lle, | | |
| | | DEATH (Enter or | | per line far | (a), (b), and | (c).) | | - 51 | | - 2.0 | | | | 8 | APPROXIMATE ETWEEN ONSET | |
| | PART I. I | DEATH WAS CAUSE | D BY: ATE CAUSE (o) | | | | Hear | t fai | lure | | | | | M | inute | S |
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| | | iny, which gave liote cause (o), | (b) | | | | Art | erios | cler | tic | hbar | t di | sease | | yrs. | |
| stotin | | derlying couse | DUE TO | D, OR AS A | CONSEQUENC | E OF | | | | | | | | | | |
| lost. | | -5-14.VI | (c) | | | | | | | | 1448 | | | | | |
| 4 | 2. OTHER -20 | SIGNIFICANT CONI | OITIONS CONTI | RIBUTING TO | DEATH BUT | NOT REL | ATED TO THE | TERMINAL D | DISEASE OR | CONDITI | ON GIVEN II | N PART 1(| (0) | 100 | | |
| 21a. E | DATE OF C | PERATION | 1 1 1 1 1 1 1 | | CONDITION FO | | OPERATION | | | | | | NAT TO | 1 | O. AUTOPS | Y? |
| TIFIC | | | | ' | WAS PERFORI | MED? | | | | | | | | | YES K | NO 🗀 |
| ₹ PRIM | | CAUSE WAS R CONTRIBUTING | | ME OF INJURY UR A.M. P.M. | Month, Doy, | , Yeor 19 | 21c. HOV | / INJURY O | CCURRED (E | Enter nat | ure af injury | in Port | l or Part 2, | Item 18. | | |
| 210. 11 | NJURY OC | CURRED 21e. | PLACE OF INJU ectory, affice b | | | et, | 21f. LOCA | TION Street | or R.F.D. N | 0. | City | or Tawn | | Cou. | nty | State |
| | | certify that I t | aak charae | of the rer | mains desc | ribed a | bave, held | an Auto | psy 🛣 | In | spection | x | Inquiry | X | and in m | ny apin i an |
| d | | sulted fram: | | | Acci | | | de 🗍, | | ide 🗍 | | _ | d manne | | | |
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| ACTU | UAL NATURE_ | 4 | sta | . M. | 1 | - | 1 | _MD ASS | ISTANT ME | DICAL EX | AMINER [| | 22b. DA | TE SIGNEI | | |
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| 230. BURIA | AL, CREMA OVAL (Spec | | pt 9, | 1968 | | | etery or cr oln Ce | | У | 23 c | LOCATION | (City or | Town) | (Count | y) (S | itote) 1d. |
| 24 FIINER | RAL DIRECT | OR | | | ons H | DDRESS | | 14.2 | 2So. REC | D BY RE | EGISTRAR | 2Sb. | REGISTRAR | 'S SIGNAT | URE | |

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13460 FilmGhohMEDICAL EXAMINER'S CERTIFICATE OF DEATH Item#2a.2b. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN 3 Month Doy (Type or Print) OF ESTI-Н. Earl Sparrow 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINOFR 24 HRS 2c. DATE PRONOUNCED DEAD 0 46 YRS 28 Oct. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Virginia USA WIDOWED | DIVORCED Prince George in Item 18.3 Give Poges deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) Building Cheverly Prince George Hosp 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 1,606 Prince George Riverda Queensbury Rd Office and 2 24 hours ofter Middle 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Charlie Sparrow Lucy livler pages hours Exominer's pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS This certificate should be executed within (Yes, no, or unknown) (If yes give war or dates of service) Sunderland. 227 16 1279 Lucy Sparrow Md. no File 72 .= APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. Chief Medicol BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending Liver Failure davs IMMEDIATE CAUSE (o) ____ event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gove Cirrhosis of liver months rise to immediate couse (a), writing the word ony DUE TO. OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 removol. CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🗔 NO T pe should be 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Page NOT WHILE AT WORK 22a. I certify that I took charge of the remains described obave, held an Autapsy ... Inspection X. Inquiry X, and in my apinion Natural Lauses X deoth resulted from: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL FXAMINER ACTUAL 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE John Kenoe. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR SEMMETERY 0 BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Va. Danville Pittsylvania Highland Memorial Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 VR A15ME (5) F. Gasch's Sons Hvattsville Md. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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| man March | S Joseph S | TE . III CLIVE | Date of the lates | THE PERSON NAMED IN | |

| 13449 | DIVISION | OF VITAL RECORDS, | D STATE DEPARTA 301 W. PRESTON ST CERTIFICATE OF | REET, BA | LTIMOR | H E, MARY | YLAND 21201 | 13461 | Į. | |
|---|-----------------------------------|--|--|-----------------|-----------|-----------------|-----------------------|----------------------------------|-----------|-----------|
| 1. DECEASED-NAME | First | Middle | Last | | 20. | DATE OF D | | | 2b. | HOUR |
| (Type ar print) | Austin | R. | Speake | | Se | Sept. Month 12. | | ⁹ 1968 ^{eor} | 11 | A. 1 |
| 3. SEX | 4. RACE | | S. DATE OF E | IRTH | | | 6. AGE (In years | IF UNDER 1 YEAR | 0 -00 | R 24 HRS. |
| Male | Cau | casian | March | 17, | 1904 | - | lost birthdoy) | MONTHS DAYS | HOURS | MIN. |
| 7a. BIRTHPLACE (Stote or fo | | OF WHAT COUNTRY? | B. MARRIED NEVER MA WIDOWED DIVO | RRIED _ | | NTY OF D | George's | | | Mo |
| 10. CITY OR TOWN OF DEAT | Н | 11. NAME OF HOSPITAL OR IN: | STITUTION (If not in hospital | | SUAL OCCU | PATION (I | Kind of work done | 12b. KIND OF | BUSINES | SSOR |
| Cheverly | | Prince Geo. | Gen'l Hospit | al during | most of | orking lif | le, even if retired.) | INDUSTRY | | |
| 13o. USUAL RESIDENCE (Who odmission) STATE Maryland | ere deceosed lived, if in Princ | nstitution: Residence before NTY CE George's | 13c. CITY OR TOWN Brentwood | 13d. INSIDE CIT | NO | | ET AND NUMBER Allison | Street | | |
| 14. FATHER'S NAME Fir | rst Mic | idle Lost | 15. MOTHER'S M | AIDEN NAME | First | | Middle | | Lost | |
| Ur | nknown | | | | Nin | a ? | | | | |
| 160. WAS DECEASED EVER IN | U.S. ARMED FORCES? | 16b. SOCIAL SECURITY I | NO. 17. INFORMANT | | | | Address | | | 100 |
| Yes, no, or unknown) | (1) kes dise wat or agree of sela | | 851 Mrs. Do | ra M | . Sp | eake | a (above | addre | 33) | |
| 18. CAUSE OF DEATH | (Enter only one couse | per line for (o), (b), ond (c). |) | | | (W) | ife) | APPROXI BETWEEN C | MATE INTE | |
| PART I. DEATH W | IMMEDIATE CAUSE (o) | Carcinoma o | f the Pancre | as wi | | ssiv o li | | asis | | |

Conditions, it any, which gove rise to immediate couse (o) stoting the underlying couse

(b) Bronchopneumonia.

DUE TO, OR AS A CONSEQUENCE OF

(c) Coronary Arteriosclerosis.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES XX NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor

(If either, notify medical examiner) P.M 21d. INJURY OCCURRED (AT NOME, FARM, STREET, FACTORY.)
OFFICE BUILDING, ETC. 21e. PLACE OF INJURY While Not while of work

21f. LOCATION Street or R.F.D. No. City or Town County

19.67_, ta. Sept. 12, 1968 220. I certify that (I) (this has ited) attended the deceased from Oct. saw the deceased alive on Sept. 12. saw the deceased alive on Sept. 12, 1968, and that in (my) (xxx) opinion death occurred on the date and haur and from the causes stated above, (I) (xxx) (did) (did) (did) (view the bady after death. 22c. DATE SIGNED

22b. SIGNATURE 22d. PHYSICIAN'S

ATTENDING PHYS. MED. DIRECTOR XX

STAFF PHYS.

Sept. 12, 1968

(County)

Stote

(Stote)

NAME (Type) Don: B. Cameron, M. D.

Nalley's

22e. ADDRESS

3503 Perry St., Mt. Rainier, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE

FUNERAL DIRECTOR

Prospect

Omaha, Neb. 2So. REC'D BY REGISTRAR

VR A15 (4) 30M REV. 1/68

within 24 hours after death

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifican

Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been

carbon papers in any event, within 72

signed by the attending phys

directar, page 3 shauld be detached far use as the burial-transit permit. Then pleaded be filed with the State Dept. af Health prior ta burial, crematian, ar remaval,

CERTIFICATION

ADDRESS Funeral

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MARYLAND STATE DEPARTMENT OF THE DEPARTMENT OF THE DESTRUCTION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3462

| | ECEASED-NAME | First | | Middle | | Lost | | 20. DATE OF DEATH | | 2b. HOUR |
|---------------|---|----------------|-----------------------------------|---|--------------|-----------------|-----------------------|--|-------------------|----------------------------------|
| - | Type or print) | Rich | nard | Clif | ton | Stello | | Month Sept. | 3 1968 | 2.30AM |
| 3. S | EX | .,- | 4. RACE | | | S. DATE OF BI | | 6. AGE (In years | IF UNDER 1 YEAR | 1F UNDER 24 HRS. |
| | Male | | White | | | 9 Nov | . 1901 | lost birthday) 66 YR | S. MONTHS DAYS | HOURS MIN. |
| | BIRTHPLACE (State or | foreign | 7b. CITIZEN OF WH | AT COUNTRY? | 8. MARRIED | NEVER MAR | | . COUNTY OF DEATH | | |
| cou | washingt | on D C | USA | | WIDOWED | | CED 🗆 | Pro Georges | r/ Geo. | Md. |
| 10. (| CITY OR TOWN OF DE | ATH | 11. NA | ME OF HOSPITAL OR INS | TITUTION (IF | nat in haspital | | OCCUPATION (Kind of work don | e 12b. KIND OF | BUSINESS OR |
| 8 | Chever | v | give s | treet oddress) | en Ho | en | | st of working life, even if retired. Farmer |) INDUSTRY self | |
| 13a. | USUAL RESIDENCE (Wissian) STATE | here deceosed | d lived, if instituti | r. Geo., G an: Residence befare | 13c. CITY O | R TOWN | 13d. INSIDE CITY LIMI | ITS? 13e. STREET AND NUMBER | | |
| UUM | | vland | 13b. COUNTY | Geo. | Be 1 | tsville | YES NO | 10917 Monts | omery Ro | oad |
| 14. | FATHER'S NAME | First | Middle | Lost | | S. MOTHER'S MA | | st Middle | | Last |
| | | Henry | Stello | | | · · · | Innie E | Mc Donald | | |
| | . WAS DECEASED EVER Yes, na, ar unknawn) | | D FORCES? or dates of service} | 16b. SOCIAL SECURITY | | INFORMANT | 34 33 | Address | 3 | |
| | no | | | 378 14 83 | SOA F | inna M S | rello | Beltsville, M | | |
| | | | | e fer (a), (b), and (c). | 0 | 1 | | | BETWEEN C | MATE INTERVAL DISET AND DEATH |
| - | PART I. DEATH | | E CAUSE (a) | cone | tho | por | eu | mona | | |
| | 1621 | | DUE TO, OR A | S A CONSEQUENCE OF | | | | | | |
| | Conditions, if any, rise to immediate | which gove | (b) | | | | | | - | |
| | stoting the underly | | DUE TO, OR A | S A CONSEQUENCE OF | Q | ~0 | La e · | 100000 | | |
| | last. | , | (c) | June | | 0 | محر | John Com | ma | |
| | PART 2. OTHER SIGI | VIFICANT COND | ITIONS CONTRIBUT | ING TO DEATH BUT NO | OT RELATED 1 | O THE SERMINA | L DISEASE OR CO | NDITION GIVEN IN PART 1(a) | | |
| NO | 19a, DATE OF OPERAT | 104 1104 6 | ANDITION FOR WILL | CH OPERATION WAS PE | DECODATE | I ON- AUTO | 260 | Tool it was made complined | CONCIDENTE IN C | FOTIFYING |
| CERTIFICATION | 190. DATE OF OPERAL | ION 190. CC | UNUTTION FOR WHI | CH OPERATION WAS PE | KLOKWED | 20a. AUTO | | 20b. IF YES, WERE FINDINGS CAUSES OF DEATH? | S CONSIDERED IN C | EKTIFTING |
| ERT | 21a. ACCIDENT WAS | LINDERLYING | 21b. TIME OF | INIIIDV | 21, 4 | YES T | NO NO | nature of injury in Part 1 or Port | 0 (tom 10) | |
| | OR CONTRIBUTING | CAUSE OF DEATH | HOUR A.M. | Month Day Year | | IOW INJUNI OCC | OVVED (EIIIGI I | notore of injury in run 1 of run | 2, 110111 10.) | |
| MEDICAL | (If either, notify me | | | AT HOME, FARM, STREET, FAC | | OCATION Street | t or PED No | City or Town | County | State |
| | While Nat while | 216.1 | DICE OF MOOK! | AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. | 7 211. 1 | OCATION SINGE | 1 Q1 K.I.D. 110. | City of Town | Coomy | Jidie |
| | 22g certify t | nat (I) (this | haspital) atte | nded the decease | od from ≶ | 5-28 | 196 | 28, to 9-3, | 19 68 that | (I) (we) last |
| | saw the d | eceased ali | ve an | 3 1 | 90 , ar | d that in (m | y) (aur) apin | ian death occurred an the | date and haur | and fram the |
| 10 | | ted abave, | (I) (we) (did) | did nat) view the | bady after | death. | | | | |
| | 22b. SIGNATURE | Lor | 100 | amer | DEG | REE PHYS. | IG TA ME | D. STAFF PHYS. | 2. DATE SIGNED | 62 |
| | 22d. PHYSICIAN'S | | | | | 22e. ADD | | 11113. — | / | 0 0 |
| | NAME (Type) | Do | n B. Car | meron, M. | D. | 3503 | Perry | St., Mt. Rainie | er, Md. 2 | 20822 |
| 23a | BURIAL, CREMATION | 23b. D/ | ATE | 23c. NAME OF | | | | 23d. LOCATION (City or Town) | (County) | (State) |
| | REMOVAL (Specify) | Sept | 6, 1968 | B Ft Lin | coln | Cemeter | у | Colmar Manor | Pro Geo | Md. |
| 24. | FUNERAL DIRECTOR | Ga sc | h's Sons | ADDRESS Hyattsv | ille. | Md. | 2Sa. REC'D BY | | | 100 |
| | 4 (| uu be | 711 10 0111 | 3 5 5 | , | | DATSEP | 9 1968 20lio | was Ing | 44 |

DATSEP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers—Bag should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event within 72 hours. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the hospitol or attending physicion.

VR A15 (4):

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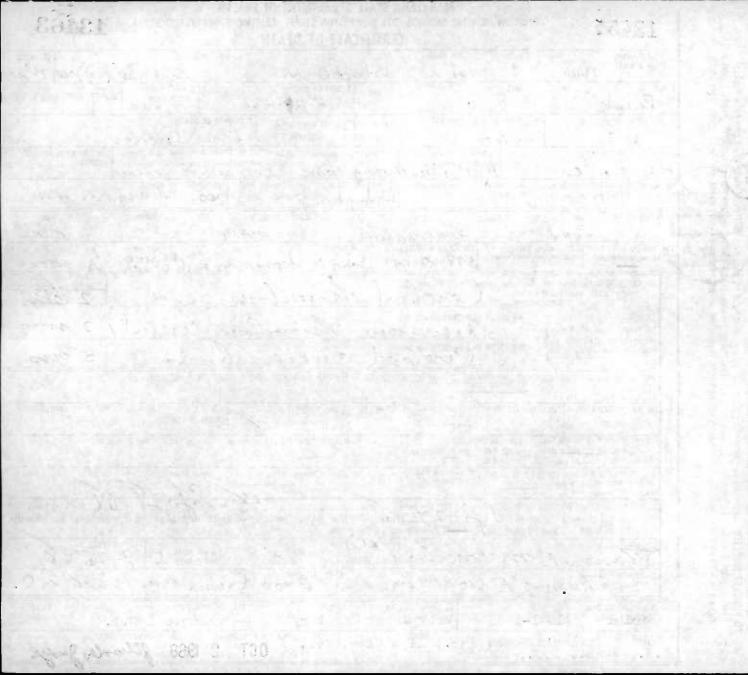
nours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to may be retained by the hospital ar attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

| _ | | | | | | | |
|---------------|---|---|--------------------------------|--------------------|---------------------------------|---|--------------------------------------|
| | ECEASED-NAME | First | Middle | Lost | | 2a. DATE OF DEATH | 2b. HOUR |
| , | Type or print) MAR | 4 | A. | Stephe | 1500 | Month Do | Yeor 1968 710 AM |
| 3. S | EX , | 4. RACE | | | OF BIRTH | 6. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | Female | u | | | 3-29-1882 | last birthday) YRS. | MONTHS DAYS HOURS MIN. |
| | BIRTHPLACE (Stote or foreig | n 7b. CITIZEN OF WHAT | COUNTRY? 8 | MARRIED NEVE | R MARRIED 5 | COUNTY OF DEATH | |
| COU | D.C. | u.s.A. | | WIDOWED _ | DIVORCED 🔲 | Prince George | S Md. |
| 1 | CITY OR TOWN OF DEATH | give stre | et oddress | ' .1 | during mas | OCCUPATION (Kind of work dene t of working life, even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY |
| | gatts ville | - 1740 | Isville /10 | | | , Selfool TEACH | 5/t |
| adm | ission) STATE D. C. | deceosed lived, if institution 13b. COUNTY | | lashing to | 13d. INSIDE CITY LIMI YES NO | - m m | 7 Rd. N.W. |
| 14. | FATHER'S NAME First | Middle | Lost | | R'S MAIDEN NAME Firs | t Middle | Last |
| | Joh | 4il | STEPHEN. | Sent | mi | ary | KER |
| | . WAS DECEASED EVER IN U. | S. ARMED FORCES? 10 | Sb. SOCIAL SECURITY NO. | . 17. INFORMA | | Address | - 1 |
| | fes, no, or unknown) (If y | es give war or dates of service) | 579-60-161 | 9 John | i, Stephen | Son Falls Church | 1 STE NEPHEN |
| | 18. CAUSE OF DEATH (En | ter anly ane cause per tine | far(a), (b), ond (9.) | 10 | 1 | | APPROXIMATE INTERNAL |
| | PART I. DEATH WAS | CAUSED BY: | ereline | al The | andos | es-acrose | 2 2 |
| | 4339 " | | A CONSEQUENCE OF | | 0 0 | (1 1 | |
| | Canditians, if any, which | gove) " | Come | 115 Th | nonella | no Cerebral | 12 mos |
| | rise to immediate cause stating the underlying c | (0),(| A-GONSEQUENCE OF | | () | 1 | 1 - |
| | last. | 0026 | erelia | al an | Perios | cleusin | 540 |
| | PART 2. OTHER SIGNIFICAN | NT CONDITIONS CONTRIBUTION | G TO DEATH BUT NOT | RELATED TO THE TEL | MINAL DISEASE OR CO | NDITION GIVEN IN PART 1(a) | |
| _ | 332x | | - | | | | |
| ATIO | 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATION WAS PERFO | ORMED 20o. | AUTOPSY? | 20b. IF YES, WERE FINDINGS (| ONSIDERED IN CERTIFYING |
| CERTIFICATION | | | | Y | S NO P | CAUSES OF DEATH? | |
| | 210. ACCIDENT WAS UND | | | 21c. HOW INJUI | Y OCCURRED (Enter r | noture of injury in Part 1 ar Part 2, | Item 18.) |
| MEDICAL | (If either, natify medical | | Month Day Year | - | | | |
| ME | 21d. INJURY OCCURRED | 210 PLACE OF INJURY / AT | | RY.) 21f. LOCATION | Street ar R.F.D. No. | City ar Town | County State |
| | While Not while at work | (0) | PICE BUILDING, ETC. | | | 101.6 | ./ |
| | 22a. I certify that (|) (this haspital) phen | ated the deceased | from | , 195 | 5, to 1951 21, 19 | 16 1, that (I) (we) last |
| | saw the deceas | ed alive an | 77 4/ 196 | and that i | n (my) (eur) apin | ian death a ld urred an the de | ate and haur and fram the |
| | | ibave, (i) (we) (dia) (d | id not) view the ba | dy after death. | | 100 | DATE CIOUED |
| 1 | 22b. SIGNATURE | Emes | nation | | TENDING MEI | | DATE SIGNED |
| | 2.NVIJISARI PCC | | | A 22 | . ADDRESS | 0 | 11/10 |
| | NAME (Type) | mos F. M | chia ho | NML | 3000 | Com. art. 6 | vaeli, L.C. |
| 230 | BURIAL, CREMATION, | 23b. DATE | | METERY OR CREMAT | | 23d. LOCATION (City or Town) | (County) (State) |
| | PEMONAL (Specify) | 10-1-1968 | | eek Ceme | ~ | Washington, D. | |
| 24. | JUSE DECTOR aw 1 | er's Sons, I | ne. ADDRESS | Wisc. A | | | |
| M | .W., Wash., | D.C., 20016 |) | | DATE UL | T 2 1968 gcc | corles Judge |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 shauld be detached far use as the burial-transit permit. Then please remove can should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event. VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 13452 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13464 CERTIFICATE OF DEATH notified DECEASED-NAME Middle Lost 20. DATE OF DEATH First 2b. HOUR Month 12, (Type or print) Doy 1968 POT Charles D. Strohecker Sept. 4 P.M 3. SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) HOURS Male Caucasian 10/4/93 Examiner completely filled in by nove carbon popers. P ny event, within 72 hour 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) N.C. U.S. A. WIDOWEDXX DIVORCED | Prince George's 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of wesking life, even if retired.) Raifway Exp. Prince Geo.Gen'l Hospital Cheverly 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER cal 13b. COUNTY YES XX NO Maryland 5813 66th Avenue Prince George's Riverdale and in any Medi 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Davidson Thomas H. Strohecker Julia please Acting 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, pa er unknown) f yes give war or dates of service) Mary A. Strohecker Same as # 13 714 07 9371 or removal, PHYSICIAN: The low requires that the death certif APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 2 days Acute Myocardial Infarction. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p burial, crematic Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate hos been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? ed for use of Heolth p YES 🗍 the hospitol or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a. I certify that (1) **Color tack tack act and the deceased from Sept. 11, 1968, ta Sept. 12, 1968, that (1) tack saw the deceased alive an Sept. 12, 1968, and that in (my) tack application death accurred an the date and haur and from the causes and above, (1) (mod (did) indicat) view the body after death. director, page 3 should shauld be filed with the 22: DATE SIGNED 22b. 51GNA Sept. 13, 1968 DIRECTOR 22e. ADDRESS NAME (Type) Julius Kauffman, M. D. 6501 Landover Rd., Cheverly, Maryland 23c. NAME OF CEMETERY OR CREMATORY
Cedar Hill 23d. LOCATION (City or Town)
Suitland P. G. (County) (State) d. 23a. BURIAL, CREMATION, 9/16/68 BRIMOYA (Pecify)

ADDRESS

Francis Gasch's Sons Hyattsville, Md

2So. REC'D BY REGISTRAR

1 8 1968

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR

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13453

YLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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| | KU. | COS |

| DECEASED-NAME (Type or print) | First | Middle | | Lost | 20. DA | ATE OF DEATH Month | Devi | V | 2b. l | HOUR |
|--|----------------------------------|---|--------------------|------------------------|------------------|----------------------------|-------------------|----------------------|-------------|----------|
| | GUSTIN | NMT | SUMA | RAV | | Sep | 3 Doy | 68 | 0.8 | 50M |
| 3. SEX | 4. RACE | MILL | | . DATE OF BIRTH | | A AGE In year | c IF UN | DER 1 YEAR | IF UNDER | 24 HRS. |
| 14. 2 | 0 | - A-3 | | 0 4 00 | | lost birthdoy) | YRS MONTI | S DAYS | HOURS | MIN. |
| Male o. BIRTHPLACE (Stote or fore | ion 7h CITIZEN OF | WHAT COUNTRY? | 18 | 2 Aug 68 | | TY OF DEATH | TKJ. | - | | - |
| country) | | WHAT COUNTRY! | | NEVER MARRIED | | | | | | |
| Md. | USA | | WIDOWED | ad turnal | Pri | ince Geor | ges | | | Md. |
| O. CITY OR TOWN OF DEATH | 1 | 1. NAME OF HOSPITAL OR IN | ISTITUTION (If not | in hospitol 120. l | | ATION (Kind of work of | | b. KIND OF Dustry | BUSINESS | OR |
| Andrews AF | B I | Malcolm & | COW USA | F HOSD | g most of wo | irking ille, even il Telli | ed.) | DUSIKI | | |
| 2. HIGHAL DECIDENCE /WL | deceased lived; if inst | titution: Residence before | 13c. CITY OR T | OWN 13d. INSIDE C | | 3e. STREET AND NUMBI | | | | |
| odmission) STATED . C . | 136. COUNT | Υ | Was | h. YES | NO 🗌 | 4311 Over | Look A | lve. | S.W. | |
| 4. FATHER'S NAME First | Middl | e Lost | 15. | MOTHER'S MAIDEN NAM | AE First | Midd | dle | | Lost | |
| TOMAO | TO DOM | DAD CIIMAI | 7 A 37 | JOSEFINA | | DROUTDO | CII | MAV | ART | |
| TGNAC 160. WAS DECEASED EVER IN | U.S. ARMED FORCES? | DAD SUMAI | NO. 17. INI | ORMANT | 100 | PROVIDO | | MAYA | 717 | |
| Yes, no, or unknown) | yes give war or dates of service | | | | | | | | 4 | |
| No | | NA NA | F | ther-431 | 1 0ve | erlook Av | e.S. | | | AC. |
| 18. CAUSE OF DEATH (I | enter only one couse pe | er line for (a), (b), and (c |).) | | | | | | ONSET AND D | |
| TARTI. DERINI WA. | IMMEDIATE CAUSE (o) | Cardiac an | rrest | | | | 0 | 850 | 3 S | ep |
| 114.0 | | OR AS A CONSEQUENCE OF | | | | | | | | |
| Conditions, if ony, which | h gove) | Inanition | | | | | 300 | 3 wh | | |
| rise to immediate courstoting the underlying | Se (0), (| OR AS A CONSEQUENCE OF | | San Salva | 7.19 | | 44-44 | | - | |
| lost. | 0036 | | | | | | | • | | |
| 1-100 | ANT CONDITIONS CONTE | Malabsorp | OT PELATED TO | THE TERMINAL PICEACE | OPCONDITION | CIVEN IN PART 1(a) | | 3 W | CS | |
| | | | | THE TERMINAL DISEASE | OKCONDITIO | OIVER IN TAKE I(U) | | | | |
| ABU IN | COMPATID: | ility, Sey | OS1S | 20a. AUTOPSY? | | 20b. IF YES, WERE FIND | INICS CONSID | EDED IN C | CDTICVING | |
| 3 190. DATE OF OPERATION | 190. CONDITION FOR | WHICH UPERATION WAS P | EKPOKMED | and the second second | | CAUSES OF DEATH? | INGS CONSID | EKED IN | EKIIFTING | , |
| 190. DATE OF OPERATION | | | | LAN . | | I. | 10 | | | |
| | | E OF INJURY | | V INJURY OCCURRED (I | Enter noture of | of injury in Port 1 or Po | ort 2, Item | 8.) | | |
| OR CONTRIBUTING CAU | L exominer) HOUR A. | .M. Month Doy Yeo | 9 | | | | | | | |
| | 21e. PLACE OF INJUI | RY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC. | | ATION Street or R.F.D. | No. | City or Town | Cor | unty | S | tote |
| While Not while of work | | OFFICE BUILDING, ETC. | 1 | | | | | | | |
| 22a Leartifu that | (I) (this bassital) | attanded the decay | ad fram 3 | 2 4 | 9c o t | n 2 C | 10 60 | tha | + (1) (14) | o) last |
| saw the decor | (i) (inis naspiiai) | arrended the deced | 196.8 and | that in (my) (aur) | aninian de | ath accurred on the | -, 17 -6-8 | nd haur | and fro | ej lust |
| couses stated | abave. (1) (we) (d | attended the decea | bady after de | eath. | apinian ac | sum accorred on n | ne dule d | iu iiuui | unu mu | III IIIC |
| 22b. SIGNATURE | (10) | 1110 | H () | | | | 22c. DATE | | | |
| Pau | I | W X | DEGRE | ATTENDING PHYS. | MED. DIRECTOR | STAFF PHYS. | 3 Se | D 6 | 8 | |
| 22d. PHYSICIAN'S | money y | · Mund | DLOKE | 22e. ADDRESS | | rews AFB | | | | |
| ALAME (T) | | | | | | | | 20. | 33T | |
| KA | TITOTIO HE | | | C Malcoln | | | | | | |
| 23a. BURIAL, CREMATION, | 23b. DATE | | CEMETERY OR C | | | OCATION (City or Town | | unty) | (Stote |) |
| BREMOVAL-(Specify) | 9/6/68 | Arling | ton Nat: | ional Ceme | tery | Arlingto | n, Vi | rgin | ia | |
| 24. FUNERAL DIRECTOR (| Ilhelm Fo | ineral Appres | no | 2So. REC | D BY REGIST | RAR 2Sb. REGIS | TRAR'S SIGN | ATURĘ | 200 | 11.50 |
| 4300 Buil | und Al | Quitland | Me | / DATE S | EP 9 | 1968 80 | harl | to yes | dec | |

VR A15 (4) 30M REV. 1/68 14. FATHER'S NAME

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 20 20 20 | * | CERTIFICATE OF DEATH | | 1346 | 6 | |
|------------------------|-----------------------------|------------------------------|------------------------|-------------|---------------|-----|
| 1. DECEASED-NAME First | Middle | Last | 2a. DATE OF DEATH | | 2b. HOUR | ? |
| (Type or print) IAMES | the the | SWAN | Manth Day | 11968 | | 1 |
| 3. SEX | 4. RACE | S. DATE OF BIRTH | 6. AGE (In years | | F UNGER 24 HR | |
| MALE | CAUC. | 6/20/188 | last birthday) 82 YRS. | MONTHS DAYS | HOURS MI | IN. |
| country) | b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED X NEVER MARRIED 9 | COUNTY OF DEATH | | | |
| " NEW YORK! | U.S. | WIDOWED DIVORCED | FRINCE POFOR | 26 ES | | M. |

10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital, ve street address) REGENTREHAD 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of Prking life, even if retired.) IND give street address) **INDUSTRY** FORESTUILLE URSq. POINTER MARIBOR 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? admission) STATE 600

MOTHER'S MAIDEN NAME First

| Andre | W | Swan | Jose | enhine | |
|---------------------------|---------------------------------------|--------------------------|---------------|--------------|---------|
| 16a. WAS DECEASED EVER IN | V U.S. ARMED FORCES? | 16b. SOCIAL SECURITY NO. | 17. INFORMANT | | Address |
| Yes, na, ar unk () | (If yes give war or dates of service) | 579-03-1598 | A Lucy | C. Swan-wife | S |

1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF PRICE OF PRICE OF PRICE OF Canditians, if any, which gave: rise to immediate cause (a).

stating the underlying cause

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

| 190. DATE OF OPERATION 196. CO | NOITION FOR WHICH OPERATION | WAS PERFORME LEKT | EYIZYES | TOPSY? | 20b. IF YES, WERE FINDINGS CONSIDERED IN CE CAUSES OF DEATH? |
|------------------------------------|-----------------------------|----------------------|-------------------|-----------------------|---|
| 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 2 | 21c. HOW INJURY O | CCURRED (Enter nature | e of injury in Part 1 or Part 2, Item 18.) |
| OR CONTRIBUTING CAUSE OF CEATH | HOUR A.M. Month Day | Year | | | |
| (If either notify medical examiner | P.M. | 10 | | | |

21d. INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY,) 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County

While Nat while at wark that (1) (this basnital) attended the deseased from

| saw the deceased alive an 1968, and that in (my) (and opinion death accurred an the date and haur and fram the causes stated abave, (I) (did) (did) (we have the bady after death. |
|--|
| ATTENDING MED STAFE 22c. DATE SIGNED |

PHYSICIAN'S NAME (Type

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 9-28-1968 Cedar Hill
ADDRESS Suitland 24. FUNERAL DIRECTOR

Funeral Home-300 4th St. NE Wash. DC DATE SFP

Middle

Lundgren

RTIFYING

State

Same as

30M REV. 1

ATTENDING PHYSICIAN: The low requires that the death certificate Page 4 may be retoined by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be de shauld be filed with the State O HOSPITAL

within 24 hours after

the attending physicion and comisit permit. Then please remove

signed by the buriol-transit

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be detached for use

buriol, cremation, or removol, and

Dept. af Health prior to

CERTIFICATION

MEDICAL

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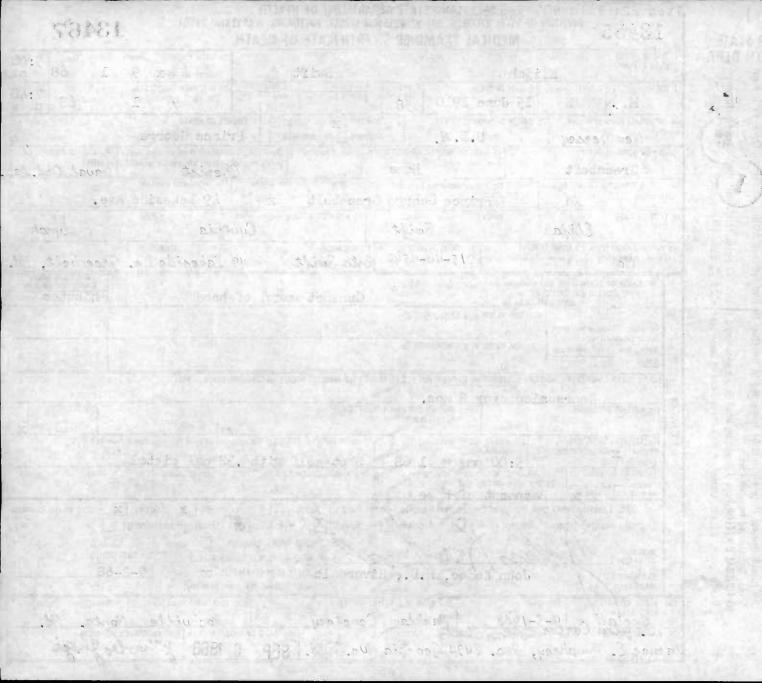
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burial |9-28-1966 | Jeg v Hill Genegons Smithers. Configuration of the Property of the Propert

1.3 61



FOR STATE HEALTH DEPT.

P.M.3

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Give Pages death

24 hours =

within

This certificate should be executed

DICAL EXAMINER:

TO DEPUTY

any delay is 2, and 3 to

Page to. and 2 with the State De hours after death seppo TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File Health priar to burial, crematian, or remayal, and in any event within 72 files. 5 may be retained far yaur

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner

necessary, please execute the certificate, writing the word pending in pencil

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3456

13468

| 4.0 | 300 | | MEDI | CAL EVAIN | IIIAEK 2 (| CEVIIL | ICAIC | OL DE | HIA: | | | | | | |
|----------------|------------------------------|---------------|--------------------------|-------------------------|---------------------------------|------------|-----------------|-----------------|-----------------|-------------|-------------------|-----------|---------------|-------------|------------|
| 1. DECEASED | | First | | Midd | le | | Last | | 1.34 | | KNOWN | Month | Day | Yeor | 2b. HOUR |
| (1ype of | runij | Ch | arles | LeRo | | | abb | | | OF DEATH | ESTI- MATED TE | 9-1 | 1-68 | 195 | :00pm/ |
| 3. SEX | 4. R | ACE | S. DATE OF BI | RTH | 6. AGE (In years last birthday) | MONTHS | DER I YEAR DAYS | IF UNDER | 24 HRS. MIN. | 2c. DATE | PRONOUNCED | DEAD | | | 2d. HOUR |
| Male | V | White | 12-21 | 1911 | 56 YR | | DATS | HUUKS | MIN. | Mont | h . | Pay | 68 | 195. | 10pm A |
| 7a. BIRTHPL | ACE (State or | fareign | 7b. CITIZEN OF | AT COUNTRY? | B. M | ARRIED EX | NEVER MA | RRIED 🗌 | 9. COL | JNTY OF D | EATH | | | | TO POLICE |
| country) To | daho | 0.07 | U.S. | . A. | WI | DOWED [| DIVO | ORCED [| Pri | nce (| George | 15 | | | M |
| 10. CITY OR | TOWN OF DEA | TH | | NAME OF HOSPITA | OR INSTITUTIO | ON (If not | in hospital | | ISUAL O | CCUPATION | (Kind of war | k dana | 12b. KIN | ID OF BUS | SINESS OR |
| Ch | everly | 7 | | street oddress) | orge He | ospit | al | Rea | al E | state | se Sale | efired.) | INDUSTR IN | Hom | ies |
| 13a. USUAL | RESIDENCE (V | There deceas | ed lived, if instit | ution: Residence | before 13c. CIT | | | Bd. INSIDE CITY | LIMITS? | 13e. STRE | ET AND NUME | BER | | | |
| odmission | ryland | 1 | Frince | eorge's | Seal | brook | | YES N | 10 🗌 | 976 | 5 Tele | grap | h Ro | ad | 110 |
| 14. FATHER'S | | First | Middl | | Last | 15. MO | THER'S MAI | DEN NAME | First | | Mid | dle | | Las | |
| | I | Hugh | В | . Т | abb | | | Iona | | | В | • | Sk | aggs | 3 |
| | EASED EVER IN | | | 16b. SOCIAL SEC | | 17. INFOR | | | | 6001 | WAES | Bro | ook l | Driv | re |
| Ye | r unknown) S | W W | war or dates of service) | 243 05 | 8742 | Fiel | ding | Tabb | | Car | rollto | n, N | Id. | | 13 8 |
| | | TH (Enter an | ly ane cause per | line far (a), (b), a | ind (c).) | | | | 1.1 | | 1000 | | | APPROXIMATE | |
| 13.00 | PART I. DEATH | WAS CAUSE | O BY: ATE CAUSE (a) | leart fa | ilure | 333 | | | | | | | miı | nute | S |
| 4 | 129 | | DUE TO, OF | R AS A CONSEQUE | NCE OF Ar | teric | scle | rotic | hea | rt di | isease | | ove | er 2 | yrs. |
| | ians, if ony, v immediate | | (b) | | | | | | | 300 | | | | | |
| | the underly | | DUE TO, OI | R AS A CONSEQUE | NCE OF | - PY - P | | | | | | | | | -1-11 |
| last. | | | (c) | - 3 e S | | | NO 50 | | | | | | | | |
| PART 2 | OTHER SIGNI | FICANT COND | ITIONS CONTRIBUT | TING TO DEATH B | UT NOT RELATE | D TO THE 1 | TERMINAL D | ISEASE OR | CONDITIO | ON GIVEN I | N PART I(a) | | | | |
| z 45 | 200 | | | | | | | Sign (| | | | | | 72 | 1/13/5 |
| 190. D/ | ATE OF OPERA | TION | | 19b. CONDITION WAS PERF | | PERATION | | | | | | | 20 |). AUTOPS! | |
| E L | | | SI SUM | | | | | | 4.9 | | | | | YES 🗌 | NO 🔀 |
| 21o. E) | TERNAL CAUSI | | | INJURY Manth, D | ay, Year | 21c. HOW | INJURY O | CCURRED (Er | nter natu | re of injur | y in Port 1 or | Part 2, I | tem 1B.) | | |
| 를 CAUSE | OF DEATH | | P | .M. | 19 | | 1000 | 8200 | | | 19.35 | 235 | 141 | | |
| | JURY OCCURR | I. | PLACE OF INJURY | | treet, | 21f. LOCAT | TION Street | ar R.F.D. Na | | City | or Town | | Caunt | У | State |
| WHILE AT WO | | | itory, other bonds | ng, 01c.) | | | | 200 | 1.07 | | 3.59 | 460 | | | 196 |
| 4 | 22o. I cert | ify that I to | aok charge of | the remoins de | escribed abo | ve, held | on Auto | psy 🔲, | Ins | spectian | X, Inc | uiry [|], 01 | nd in m | ny opinior |
| d | eoth resulte | ed from: | Noturol con | ses A | codent [| Suicio | de 🔲, | Hamicia | de 🔲 | Unde | termined r | manner | | | |
| -0.000 | | | // | / /V | . 1/2 | | СНІ | EF MEDICAL | EXAMIN | ER 🔲 | | | | | |
| SIGN | AL ATURE | VIT BY | AN | h / | MA | | M.D. ASS | ISTANT MED | ICAL EXA | AMINER [| | | SIGNED | | |
| EXAM | AINER'S | 1/ | 700 | 1 | | | DEF | PUTY MEDICA | AL EXAM | INER 🔀 | | 9. | -12-6 | 68 | |
| NAM | E (Type) | John | Kehoe M | | dale, l | | | DRESS(Street | | | | | | | |
| | L, CREMATION, | / 23b'. | DATE /14 /4 O | 23c. NA | ME OF CEMINED | CYNOR CRE | MATORY | | | | (City or Taw | | (County) | | state) |
| | ndiffeh | 1/9 | /14/68 | Pt | . Linc | om | | | | | ar Ma | | | | Md. |
| 24. FUNERA | | | | | ADDRESS | 200 | 2.119 | 2Sa. REC' | | | 1.0 | | SIGNATUR | | |
| Fran | cis Ga | asch's | Sons 1 | Hyatts v. | ille, M | laryl | land | DATSE | PI | 7 196 | 8 12 | Maye | las l | uda | 2 |

VR A15ME (5) 10M REV. 1/68

STATE SOL

:))

(AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not while at work 22a. I certify that (1) this bestital) ottended the deceased from

DEGREE

City or Town

County to Sept. 9, 19 68, that (1) (we) last

State

2b. HOUR

1:30 PM

IF UNDER 24 HRS.

HOURS

saw the deceased olive an Sept 9 19 68, and that in (my) (out) opinion death accurred on the date and hour and from the causes stated above, (1) (xxx) (did) to could view the body after death.

Julius Kauffman, M. D.

22e. ADDRESS

DIRECTOR

22c. DATE SIGNED

6501 Landover Rd., Cheverly, Maryland

23a. BURIAL, CREMATION, Burian (Specify) Sept 12, 1968

23c. NAME OF CEMETERY OR CREMATORY Baltimore National

23d. LOCATION (City or Town) Baltimore,

(Caunty) (State) Md.

24. FUNERAL DIRECTOR

PHYSICIAN'S

NAME (Type)

F. Gasch's Sons

ADDRESS Hyattsville, M,. DATE SEP 1 3

2Sb. REGISTRAR'S SIGNATURE

Page 4 moy be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 1 ATTENDING VR A15 41 30M REV. 1768

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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| 19890 | | | CERTIFI | CATE OF D | EATH | | 10 | 9471 | U |
|--|-----------------------------------|--|----------------|-------------------------|---------------------------------|--|--------------------------------|-----------------------|----------------------------|
| DECEASED-NAME (Type ar print) | First Fannie | Middle C • | : | Lost Thomas | | DATE OF DEATH Manth 9 | Day 30 | | 2b. HOURS |
| 3. SEX Female | 4. RACE | gro | | 5. DATE OF BIRTH | | 6. AGE (In year last birthday) | | | HOURS MIN |
| 7a BIRTHPLACE (State or | foreign 7h CITIZEN | OF WHAT COUNTRY? | 8. MADDIE | D NEVER MARRIE | | INTY OF DEATH | 7103. | | |
| cauntry) Virgini | a U.S. | | WIDOWE | | | ince George | S | | N |
| 10. CITY OR TOWN OF DE | AIH | 11. NAME OF HOSPITAL OR give street address) Eugene Lelai | NSTITUTION (II | nat in haspital | 12a. USUAL OCCI | JPATION (Kind of work | dane 12b | . KIND OF B DUSTRY | BUSINESS OR |
| 13a. USUAL RESIDENCE (V admissian) STATE Md | here deceased lived, if i | nstitutian: Residence befar | | OR TOWN 13d | INSIDE CITY LIMITS? | 13e. STREET AND NUME 1809 61st | BER | | |
| 14. FATHER'S NAME | First Mic | idle Last | | 15. MOTHER'S MAID | N NAME First | Mic | ldle | | Last |
| James Joed | lon | | 9.9 | | Lucy | | | Perki | ins |
| 16a. WAS DECEASED EVER | IN U.S. ARMED FORCES? | 16b. SOCIAL SECURIT | Y NO. 17 | . INFORMANT | DALL | Add | ress | | |
| Yes, no, ar unknawn) | (it yes give wor on acres or serv | ice) | | Medical F | ecord | | | | LATE INTERVAL |
| Canditians, if any, rise ta immediate stating the under last. PART 2. OTHER SIG | which gave cause (a), but to | OR AS A CONSEQUENCE CO., OR AS A CONSEQUENCE CO.) ITRIBUTING TO DEATH BUT | riose | | | ON GIVEN IN PART 1(a) | | | |
| 19a. DATE OF OPERAT | | OR WHICH OPERATION WAS | PERFORMED | 2Da. AUTOPSY | ? NO 🗀 | 20b. IF YES, WERE FIND CAUSES OF DEATH? | DINGS CONSIDE | RED IN CEI | RTIFYING |
| 21a. ACCIDENT WAS | CAUSE OF DEATH HOUR | P.M. | or 19 | | | e af injury in Part 1 ar I | Part 2, Item 18 | 8.) | |
| While Nat while at wark | | JURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC. | | | | City ar Tawn | Cau | 1,47 | State |
| saw the d | erensed alive an |) attended the deced (did) (did nat) view th | 1968 .0 | nd that in (my) | , 19 <u></u> , (aur) apinian | ta <u>9-20</u> death accurred an t | _, 19 <u></u> , the date an | that d haur c | (I) (we) la and fram th |
| 22b. SIGNATURE | D. a. | Quidel | | GREE PHYS. | MED. DIRECTO | R STAFF PHYS. | 22c. DATE S 9-3 | SO-68 | |
| 22d. PHYSICIAN'S NAME (Type) | D. R. Purdi | e, M. D. | | 22e. ADDRES | Queensbu | iry Road, R | | le, 1 | Md. |
| 23a. BURIAL, CREMATION REMOVAL (Specify) Burial | , 23b. DATE 10/3/68 | | | or (REMATORY em. Cem | | LOCATION (City or Town Suitland, | Maryla | nd. | (State) |
| | | | | | | | | | |

1968

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter deoth. and campletely filled in by ti vent, within 72 hours e carbon papers. in any **TO FUNERAL DIRECTOR:** After this certificote has been signed by the attending physicing director, page 3 shauld be detoched for use os the buriol-transit permit. Then pleat should be filed with the Stote Dept. of Health priar to burial, cremation, or removol, and Poge 4 may be retained by the hospitol or ottending physician.

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FOR STATE HEALTH DEPT.

any delay is 2, and 3 to 9504 ve Pages 1, ing with farm death DICAL EXAMINER: This certificate shauld be executed within 24 the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's necessary, please execute the certificate, writing the ward "pending" in pencil in

TO DEPUTY

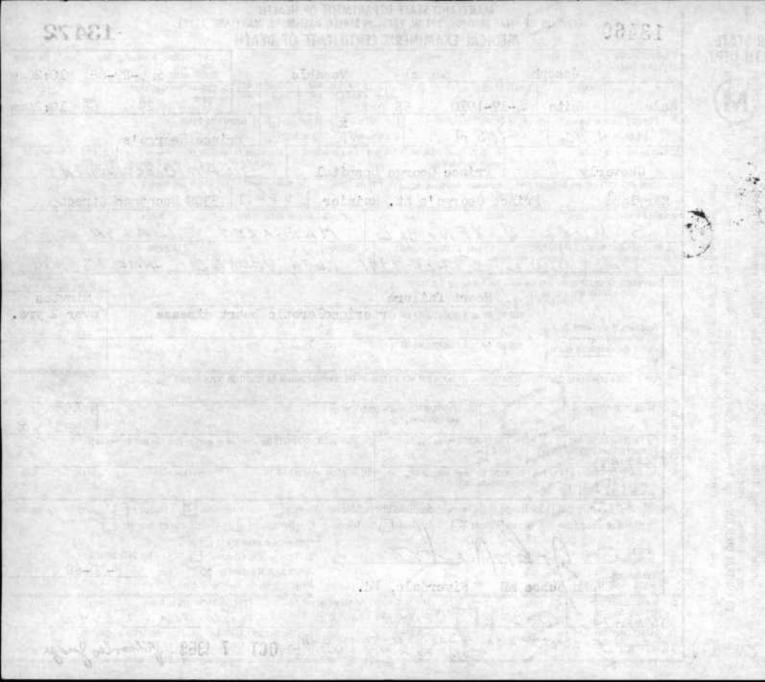
13460

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 1 | 3472 | , |
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| TH DEPT. | | ECEASED-NAME | First | Middle | | Lost | | 20. DATE KNOWN | Month [| Doy Yeor | 2b. HOUR |
|--|---------------|--------------------------------------|---|------------------------------------|---------------------------------|----------------------|---------------------|----------------------------|--------------------|----------------------------|------------|
| 0 4 | (1 | (ype or Print) | Joseph | Samu | el | Venab] | Le | OF ESTI- | ₩ 9-29- | 68 197 | 0:20am |
| 13.5 | 3. SE | X | | | 6. AGE (In years last birthday) | IF UNDER 1 YEAR | IF UNDER 24 | | | 00 112 | 2d. HOUR |
| | Ma | le | | 4-17-1910 | last birthday) 58 YRS | MONTHS DAYS | HOURS | MIN. Month | 289 | Year 10 7 | 0:24am |
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| 2 | coun | try) WAS | 41 00 | USA | | | ORCED | | | | |
| o to | | ITY OR TOWN O | | 11. NAME OF HOSPITAL | | | | Prince Geo | | OF KIND OF BI | Md. |
| # 5 0// | 10. (| | | give street oddress) | | | during n | nost of working life, ever | if retired.) | ADUSTRY | IZINEZZ OK |
| ith the Sta | | Cheve | | Prince Ge | orge H | ospital | - | SUPT. C | ONSTRU | CTION | |
| with the State death. | | | CE (Where deceosed line Line | ved, if institution: Residence b | pefore 13c. CITY | OR TOWN | 3d. INSIDE CITY LIN | | | | |
| 21 0 | | aryland | | ince George's | | | YES NO | | | Street | |
| land2 | 14. F | ATHER'S NAME | First | Middle | Lost | IS. MOTHER'S MA | | | Middle | Lo | st |
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| pages haurs | | WAS DECEASED EV es, no, gr unknov | VER IN U.S. ARMED FORCE wn) (If yes give war or t | | | 17. INFORMANT | , | | RESS | | RALL D |
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| <u> </u> | | | | couse per line for (o), (b), on | nd (c).) | | | | | APPROXIMAT BETWEEN ONSE | |
| Medical E permit. F nt within | | PART I. [| DEATH WAS CAUSED BY: | Heart fai | lure | | | | | minu | |
| Mec pel pel | 150 | 412 | 9 | DUE TO, OR AS A CONSEQUEN | CE OF Art | erioscler | rotic h | eart diseas | e | over | 2 yrs. |
| net Me ansit pe event | | | ony, which gove | (h) | | | | | | 2 T A D | |
| al-tra | | | diote couse (o), (| DUE TO, OR AS A CONSEQUEN | ICE OF | EU NEU | J. 100 W. | | | | |
| 4 shauld be tarwarded to the Chief Medical Examiner's or files. e 3 should be used as a burial-transit permit. File pages imation, ar remaval, and in any event within 72 haurs | | last. | iderrying coose | (1) | | | | | | 55-67 | |
| a bu | | PART 2 OTHER | SIGNIFICANT CONDITION | (c) S CONTRIBUTING TO DEATH BU | T NOT RELATED | TO THE TERMINAL I | DISEASE OF CO | NOITION CIVEN IN DART 1/ | 'o) | | |
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| tarward e used a remaval, | FICA | | | WAS PERFO | | | | | | YES | |
| De to | CERTIFICATION | 21o. EXTERNAL | CAUSE WAS | 21b. TIME OF INJURY Month, Do | v Yeor | 21c HOW INIURY OF | CCURRED (Ente | r noture of injury in Port | Lor Port 2 Item | - Court | I NO EX |
| ould n, c | | PRIMARY 0 | R CONTRIBUTING | HOUR A.M. | 19 | inc. now mook? o | CCORRED (EINE | , notore of injury its for | 1 01 1011 2, 11611 | 10., | |
| shauld b files. 3 should ation, ar | MEDICAL | CAUSE OF DEAT | | P.M. OF INJURY (At home, form, st | | 21f. LOCATION Street | or P.F.D. No. | City or Town | | County | Stote |
| yaur files. Yaur files. Page 3 shou . cremation, | | WHILE N | foctory, | office building, etc.) | 1001, | ETT. EUCKTION SHEET | 01 K.I.D. 110. | City of 10 wil | | Cooting | 21016 |
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| director. etained DIRECTC ST ta bur | | death re | esulted fram: N | atural causes , Acc | dent, | Suicide, | Homicide | , Undetermine | ed manner L | | |
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| eral di De reto RAL DI Priar | | SIGNATURE _ | UT | nler | 7/ | | | AL EXAMINER | 22b. DATE SI | | |
| P S S | | EXAMINER'S | T.//. | 7 | 2 36 | | | EXAMINER X | | -30-68 | |
| the funeral 5 may be r 10 FUNERAL Health prid | | | John Kehoe | | ale, M | | DKESS(Street, o | city, town, or county) | | | |
| ± 50 ± | 230. | BURIAL, CREMA REMOVAL (Spec | | 1 1 | | OR CREMATORY | | 23d. LOCATION (City or | | County) | (Stote) |
| | 2 | SURIA | 70- | | DAR | 4166 | Tax and | SUITLI | | MD | |
| VID 415145 45 0 0 | 24. | FUNERAL DIRECT | E. WILH | EGM 4308 | ADDRESS 7 | KAND A | | | REGISTRAR'S SI | | |
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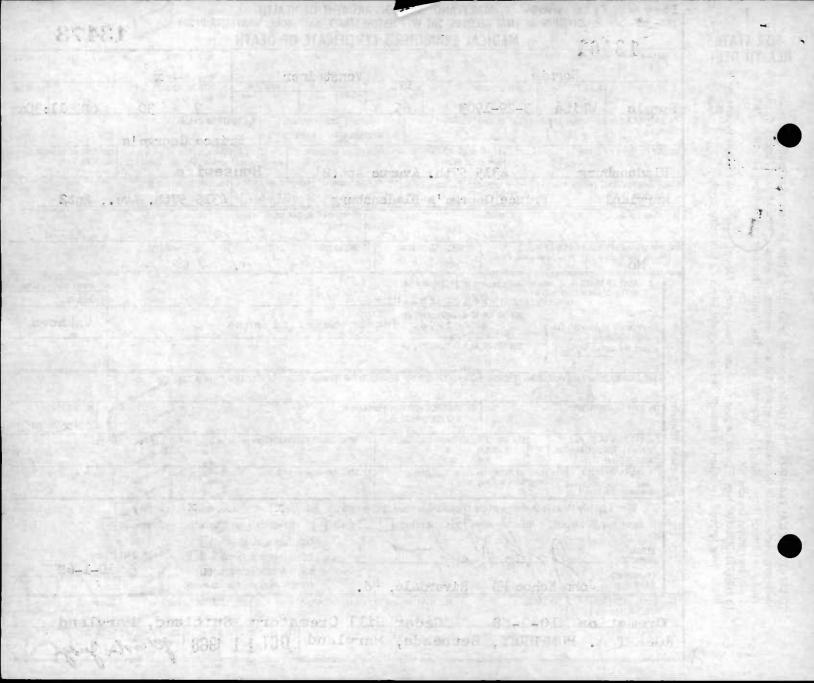
Item 188 film #406(22a) MARYLAND STATE DEPARTMENT OF HEALTH 10-31-68 mtDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

13473

| 1. DECEASED NAME 20. DATE KNOWN Month Doy Yeor 2b. HO DEATH MATED 19 19 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in yeors lost birthdey) MONTHS OAYS HOURS MIN. 20. DATE KNOWN MONTHS DEATH MATED 20. DATE KNOWN MONTHS MIN. Month Doy Yeor 2b. HO DEATH MATED 20. DATE PRONOUNCED DEAD Months Doy Yeor 2b. HO Months Doy Yeor 2b. HO Months Doy Yeor 2b. HO Months DEATH DOY YEOR MONTHS MIN. Months Doy Yeor 2b. HO Months DOY MONTHS MIN. DOY Months Doy Yeor Months Doy Yeor Months Doy Yeor Country Months Doy Yeor Country Months Doy Yeor Country Months Doy Yeor Country Months Doy Months Doy Yeor Country Country Months Doy Yeor Country Country Months Doy Yeor Country Country Months Doy Yeor Country C |
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| Bonnie L Vonsteiner DEATH MATED 19 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lif UNDER 1 YEAR 18 UNDER 24 HRS.) To BIRTHPLACE (Stote or foreign 17 b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (Stote or foreign 17 b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (Stote or foreign 17 b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (Stote or foreign 17 b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (Stote or foreign 17 b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (Stote or foreign 17 b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (Stote or foreign 17 b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (Stote or foreign 17 b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (Stote or foreign 17 b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (Stote or foreign 17 b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (Stote or foreign 17 b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED Prince George 1s To USUAL OCCUPATION (Kind of work done diving life, even if retired.) To USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? Thousewife Thouse Thousewife Thouse Thousewife Thouse |
| Female White 3-29-1903 65 YRS. Norths Oays Hours Min. Month Doy George 1s To. BIRTHPLACE (Stote or foreign 177b. CITIZEN OF WHAT COUNTRY? OBJECT OF TOWN OF DEATH OCCUPY OF DEATH OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATION (Kind of work done during most of working life, even if retired.) OCCUPATIO |
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| HENRY KING LOVES TOSEPHINES "CHASE |
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| 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS |
| (Yes, no or unknown) (If yes give war or dates of service) N B N E / + 65 PC/A/ 1975 OAd |
| 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure Min. |
| DIE TO OR AS A CONSEQUENCE OF |
| Conditions, if ony, which gove Arteriosclerotic heart disease Unknown |
| rise to immediate couse (o), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF |
| lost, |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) |
| 4700 |
| 19b. CONDITION FOR WHICH OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YEST NO [21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| |
| RIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 Zid INITIRY OF CITIEFED Zie IN COUNTY AT HOUR A.M. COUNTY A.M. COUNT |
| 216. Take of Inspect (At Hollie, 10th), Sheet, 121. Cockhold Sheet of Kit D. No. City of Iowil |
| WHILE NOT WHILE AT WORK AT WORK AT WORK |
| 22a. I certify that I taak charge of the remains described above, held an Autapsy 🗷, Inspection 🗷, Inquiry 🗍, and in my apini |
| death resulted fram: Natural-causes X, Accident , Suicide , Hamicide , Undetermined manner |
| CHIEF MEDICAL EXAMINER |
| ACTUAL AC |
| SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 10-1-68 |
| NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) |
| 230. BURIAL, CREMATION 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) |
| Cremation 10-2-68 Cedar Hill Crematory Suitland, Maryland |
| 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE |
| ROBERT A. PUMPHREY, Bethesda, Maryland OCT 11 1968 Clarky July |

VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE HEALTH DEPT.

1 DECEASED-NAME

First

Mot necessary, please execute the certificate, writing the word "pending" in pencil in tem 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be forwarded to the following t land? with the State Depa the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages lands with the Health priar to burial, crematian, or remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13463

Middle

| | , | | | a. |
|---------|-------------------|-------------|----------|----|
| MEDICAL | EXAMINER'S | CERTIFICATE | OF DEATH | |

13475

| (| Type or Print) | Elmer | | w. | | Wall | | | OF ESTI- | 37 60 | 10 2 | 48pm |
|---------------|-----------------------|---|----------------------------------|---------------------------------|-------------------------|-------------------------|------------------|-------------|---------------------------------|------------------|---------------|-----------|
| 3. 5 | EX | 4. RACE | S. DATE OF BIR | TH 6. | AGE (In years | IF UNDER 1 YEAR | IF UNDER | | 2c. DATE PRONOUNCED D | | 17 5 | 2d. HOUR |
| M | ale | White | 9-10-19 | | ast birthday) 37 YRS | MONTHS DAYS | HOURS | MIN. | Month 9 11 | oy 6 | 8 19 3: | M mc3 |
| | BIRTHPLACE (Sto | te or fareign 7b | . CITIZEN OF WH | AT COUNTRY? | 8. MA | RRIED NEVER M | ARRIED [| 9. COU | NTY OF DEATH | | | |
| cour | Penn: | sylvania | U.S | . A. | WID | OWED DIV | ORCED | Pri | ince George | l _S | | Md. |
| 10. 0 | ITY OR TOWN C | OF DEATH | | AME OF HOSPITAL OR | INSTITUTIO | N (If nat in haspite | | JSUAL OC | CUPATION (Kind of work | dane 125K | PP-0-249 | NESS OR |
| | Chever | vlv | | treet address) ice George | e Hosi | oital | duRie | enast of | Marking life even if ret | ired.) INDUS | Yrmy | |
| | | NCE (Where deceased | lived, if institu | tian: Residence befo | | | 13d. INSIDE CITY | LIMITS? | 13e. STREET AND NUMBER | | | |
| 0 | dmission) SIATI | ind Pr | ince Ge | eorge's | Hando | ver | DAKE I | NO 🗌 | 3318 Dodge | Park | Road | |
| 14. F | ATHER'S NAME | First | Middle | Lo | | 15. MOTHER'S M. | | | Middle | ð | Last | |
| | | homas | | W | all | | Anna | a | | | Pric | е |
| 16a. (Y | WAS DECEASED E | VER IN U.S. ARMED FO wn) (If yes give wa | RCES? or or dates of service) | 16b. SOCIAL SECURIT 226 48 0 | | 17. INFORMANT Edna W | all S | Sam | e as #13 | JETA P. | | |
| | 18 CAUSE O | F DEATH (Enter anly | ane cause per li | ne far (a) (b) and (| ().) | | - | | | | APPROXIMATE | |
| 19 | PART I. | DEATH WAS CAUSED | BY: AT | ute thro | nbotio | c occlus: | ion, r | ight | coronary a | rtery | SETWEEN ONSET | AND DEATH |
| | 410 | 9 mmediate | DUE TO OR | AS A CONSEQUENCE | or Seve | ere arte | rioscl | erot | ic heart di | sease | | |
| 95 | Canditians, if | any, which gave | | | | | | | | | | |
| 1 | | diate cause (a), nderlying cause (| DUE TO, OR | AS A CONSEQUENCE | OF | | | | 35 1. 11-11 | | | 1.34 |
| | last. |) | (4) | | | | | | | | | |
| | PART 2. OTHER | SIGNIFICANT CONDITI | ONS CONTRIBUTI | NG TO DEATH BUT N | OT RELATED | TO THE TERMINAL | DISEASE OR | CONDITIO | ON GIVEN IN PART 1(a) | | | |
| 2 | 4201 | | | | | | | | | | | |
| ATIO | 19a. DATE OF | OPERATION | ==137.13.1 | 19b. CONDITION FOR | | ERATION | | | | 2 | 20. AUTOPSY | ? |
| CERTIFICATION | | | | WAS PERFORM | | WAL. | | | | | YES X | NO 🗌 |
| L CER | 21g. EXTERNAL | | 21b. TIME OF HOUR A./ | NJURY Manth, Day, Y | ear : | 21c. HOW INJURY (| CCURRED (Er | nter natur | re af injury in Part 1 ar P | art 2, Item 18.) | | |
| MEDICAL | CAUSE OF DEA | OR CONTRIBUTING [] | P.I | | 9 | | | | | | | |
| ME | 21d. INJURY O | | ACE OF INJURY (A | At hame, farm, stree | t, | 21f. LOCATION Stree | t ar R.F.D. Na | | City ar Tawn | Caur | nty | State |
| | AT WORX | AT WORK | ry, driice building | g, etc.) | S-Calif | | | | | | | |
| | 22a. I | certify that I tac | ık charge af th | ne remains descr | bed abav | e, held an Aut | apsy 🔀 | Ins | pectian 🔀 , Inqu | iry 🔲, | and in m | y apinian |
| | death re | esulted fram: | Natural caus | es 🔀 , Accid | entr . | Suicide | Hamicio | de 🔲 | Undetermined mo | anner 🗌 | | |
| 13 | | 1 | 1. | DX. | // | CH | HEF MEDICAL | EXAMINE | ER 🔲 | | | |
| | ACTUAL SIGNATURE _ | 40 | 100 | 11 | 71 | M.D. AS | SISTANT MED | ICAL EXA | MINER 22 | b. DATE SIGNED | 0 (0 | |
| | EXAMINER'S | 7// | 6 1 | | 1 | | PUTY MEDICA | | | 9-1 | 2-68 | |
| | NAME (Type) | ohn Kel | noe MD | Riverd | | | DRESS(Street | t, city, ta | wn, ar caunty) | | | |
| | BURIAL, CREMA | 4 6 | 16/68 | | of CEMETERY st Vie | OR CREMATORY | | | LOCATION (City or Town) Atlanta | Fulton | | Ga. |
| 24. | FUNERAL DIREC | TOR | | ADI | ORESS | | 2Sa. REC | | | STRAR'S SIGNAT | URE | |
| | Francis | s Gasch's | Sons | Hyattsvil | le, N | /ld. | DATE | SEP | 1 7 1968 | Charl | y Jus | 42 |

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TO DEPUTY

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MARYLAND STATE DEPARTMENT OF HEALTH

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| N | OF | VITAL | RECORDS, | 301 W | . PRESTO | ON STRE | ET, BALI | IMORE, | MAR |
| | | | | CERTII | FICATE | OF D | EATH | | |

| | | irst | Middle | | Lost | | 2o. DATE OF | | | | 2b. HOUR |
|-----------------------|--|---------------------------|--|-----------------|----------------|--------------------|------------------|----------------------|---------------|-----------|---------------------------------|
| (| Type or print) | axie | | | Waller | | | Month Sept. | Doy | Yeor | 6:48 |
| 3. SI | EX | 4. RACE | | | S. DATE OF BIR | | | 6. AGE (In years | | ER I YEAR | IF UNOER 24 HRS. |
| | Female | | Colored | | 12- | 25-11 | | lost birthday) | YRS. MONTH | DAYS | HOURS MIN. |
| | BIRTHPLACE (Stote or foreign | 7b. CITIZEN OF WI | HAT COUNTRY? | 8. MARRIED | NEVER MARR | | 9. COUNTY OF | DEATH | | | |
| coul | Greenwood, S. | ¢. U. | S. A. | WIDOWED [| | | | Pr | ince | Ceor | Md. |
| | CITY OR TOWN OF DEATH | 11. N | AME OF HOSPITAL OR INS | TITUTION (If no | ot in hospitol | 12o. USUA | L OCCUPATION | (Kind of work d | 2.01 | | |
| | Cheverly | give P1 | street oddress) cince Geo. | Gen. I | lospita | 1 during mo | Housew: | life, even if retire | ed.) INI | OUSTRY | one |
| | USUAL RESIDENCE (Where de | ceosed lived, if institut | ion: Residence before | 13c. CITY OR | TOWN 1 | 3d. INSIOE CITY LI | | REET AND NUMBE | R | | |
| oam | ission) STATE Md. | Princ | e Georges | Colle | ge Pk | YES NO | 50 | 002 Lake | land. | Road | |
| 14. 1 | FATHER'S NAME First | Middle | Lost | 15 | . MOTHER'S MA | DEN NAME F | | Midd | | TO ILL | Lost |
| | James Co | llins | | | T | inny R | lapp | | | | |
| | WAS DECEASED EVER IN U.S. | ARMED FORCES? | 16b. SOCIAL SECURITY N | IO. 17. I | NFORMANT | | | Addre | ss P | ark, | Md. |
| 1 | (es, no, or unknown) (If yes | NO NO | | Er | nma L. | Waller | - 5002 | 2 Lakela | nd Rd | . Co | ollege |
| | 18. CAUSE OF DEATH (Ente | r only one cause per li | ne for (o), (b), ond (c).) | 1 | 1 | 1 | , | | | | MATE INTERVAL NSET AND DEATH |
| | | | ute Myo | | 2/ /11 | arct | 10N - | | | | |
| | 4109 | | AS A CONSEQUENCE OF | 4 | . // | | 11 / | | | | 4 |
| | Conditions, if ony, which go | | | HR | terios | ental | Wall | C /I | ght- | | |
| | rise to immediate couse (stating the underlying cou | Oli TO OD | AS A CONSEQUENCE OF | 0 | , | 2 | , R | , , , | | | |
| | lost. | (c) | | Dun | de 1 | 2 Ran | ch 1 | lock | | | |
| | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBU | TING TO DEATH BUT NO | T RELATED TO | THE TERMINAL | DISEASE OR C | ONDITION GIVE | N IN PART 1(o) | | | |
| z | 4201 | | | | | | | | | | |
| ATIO | 190. DATE OF OPERATION | 19b. CONDITION FOR WH | ICH OPERATION WAS PER | RFORMED | 20o. AUTOP | SY? | | YES, WERE FINDI | NGS CONSIDE | RED IN CE | RTIFYING |
| MEDICAL CERTIFICATION | | | | | YES | NO 🗌 | CAUSES | OF DEATH? | | | |
| L CER | 210. ACCIDENT WAS UNDER | | | 21c. HC | W INJURY OCCU | JRRED (Enter | r noture of inju | ry in Port 1 or Po | ort 2, Item 1 | 8.) | -34100 |
| DICAL | OR CONTRIBUTING CAUSE OF | | Month Doy Yeor | | | | | | | | |
| MEI | | | AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. | | CATION Street | or R.F.D. No. | City | or Town | Cou | nty | Stote |
| | 22a. I certify that (3) | (this haspital) att | ended the decease | d fram | Cont | 6 . 19 | 68 , ta_ | Sept 89 | . 19-68 | , that | (4) (we) last |
| | 22a. I certify that (*) saw the decease causes stated ab | d alive an | Sept. 8 | 9_68_, and | that in (my | (aur) api | nian death o | accurred an th | ne date ar | d haur | and from the |
| | 22b. SIGNATURE | | 400 | , | | | | | 22c. DATE S | | |
| | V | Kemano | mo | DEGR | EE PHYS. | | NED. IRECTOR | STAFF PHYS. | | 9_ | 8-68 |
| | 22d. PHYSICIAN'S NAME (Type) | T. Hernand | ez, M. D. | | 22e. ADDR | RESS | | | | | |
| 230 | | 3b. DATE | 23c. NAME OF | CEMETERY OR | CREMATORY | | 23d. LOCATIO | N (City or Town) | (Cor | unty) | (Stote) |
| | REMOVAL (Specify) | 9-12-68 | Car | ver | 11177-19 | | Prince | George | , Md. | | |
| 24. | FUNERAL DIRECTOR | | ADDRESS | 1117 | | 2So. REC'D B | Y REGISTRAR | 2Sb. REGIST | RAR'S SIGNA | _ | |
| | Khines Co | 3015-1 | 201918 | | | DATE SEF | 13 18 | 368 80 | harela | by Jac | dge. |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. completely filled in by more fartan papers. Po ny evep, within 72 hau Ny every **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and director, page 3 shauld be detached far use as the burial-transit permit. Then please required shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in a

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FOR STATE HEALTH DEPT.

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Tand 2 with the State De

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18

DICAL EXAMINER: This certificate should be executed within 24 hours

TO DEPUTY

Health prior to burial, cremotion, or removal, and in any event within 72 haurs after death.

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VR ATSME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13465 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 4 | 2 | A | - | - |
|---|---|----|---|---|
| L | 3 | E. | 1 | 6 |

| | ECEASED-NAME | Firs | | Middle | | Last | . I part of | | 20. DATE KNO | OWN | Month | Doy | Yeor | 2b. HOUR |
|-----------------------|---------------------|--------------------------------|--------------------------|---------------------------|--------------|----------------------------------|-------------------|-----------|--------------------------------|-----------|-------------|--------|--------------------------------|-----------|
| | Type ar Print) | Ge | orge | Elbert | | Water | | | OF ES DEATH MA | TED X | 9 | 2 | 168 | 2:00 |
| 3. S | EX | 4. RACE | S. DATE OF BII | RTH 6. AC | GE (In year) | MONTHS DAYS | IF UNDER 2 | 24 HRS. | 2c. DATE PROP | | | | | 24 HOUR |
| | M | W | 4 S | ept 1892 7 | 200 | RS. | HUUKS | min. | Month | 9 | Doy 2 | 1 | Yeor 168 | am M |
| 70. | BIRTHPLACE (State | e or fareign | 7b. CITIZEN OF WI | | 8. N | ARRIED NEVER MA | RRIED 🔲 | 9. COU | NTY OF DEATH | | 3124 | 1 | | |
| cour | ^{ntry)} Md | | US | A | WI | DOWED DIVE | ORCED 🗀 | Pr | rince G | eorg | ge | | | Md. |
| 10. (| Ch | DEATH everly | | AME OF HOSPITAL OR I | | ON (If not in hospitole George H | | | CUPATION (Kin working life, | | | 12b. I | KIND OF BUSII STRY Store | NESS OR |
| 130. | | | sed lived, if institu | ution: Residence before | e 13c. CI | TY OR TOWN | Bd. INSIDE CITY L | IMITS? | 13e. STREET A | | | | | |
| 0 | dmissian) STATE | Md. | 13b. COUNTY | rince Geor | ge E | Bladensbur | YES N | 0 🗆 | 5100 | Anna | poli | s F | ld. | |
| 14. [| ATHER'S NAME | First | Middle | Lost | | IS. MOTHER'S MA | | First | | Mid | dle | | Lost | |
| | | George | W Water | s | | La | aura E | Rav | wlings | | | | | |
| | | ER IN U.S. ARMED | | 16b. SOCIAL SECURITY | NO. | 17. INFORMANT | | | | ADDRES | S | | | |
| (1 | res, na, or unknaw | n) (If yes give | war or dates of service) | 577 09 29 | 999 | Ella B | aters | , | Blader | sbu | rg. M | ld. | | |
| | | DEATH (Enter on | ly ane couse per l | ine for (o), (b), ond (c) | .) | | | | | | | | APPROXIMATE I BETWEEN ONSET | |
| | PART 1. D | EATH WAS CAUSE | D BY: ATE CAUSE (o) | | Hear | rt failure | | | | | | | Min. | and Danni |
| | 410 | 9 | DUE TO, OR | AS A CONSEQUENCE O | F | | 7.74 | | | | | | | |
| | | ny, which gove | (6) | | Arte | eriosclero | otic h | eart | disea | se | | | Yr.s | |
| | | iate couse (a), derlying couse | DUE TO, OR | AS A CONSEQUENCE O | F | | | | 1 (56) | - | | | | 1257 |
| | lost. | | (c) | | | | | | | | | | | |
| -55 | PART 2. OTHER | SIGNIFICANT COND | ITIONS CONTRIBUT | ING TO DEATH BUT NO | T RELATE | D TO THE TERMINAL D | DISEASE OR C | ONDITIO | N GIVEN IN PA | RT 1(o) | | | | |
| z | 4200 | | Action 2 | | | | | | | | | | | |
| ATIO | 19a. DATE OF O | PERATION | | 19b. CONDITION FOR | | PERATION | | | -3.7% | | The state | | 20. AUTOPSY | ? |
| IE I | ELT E | | | WAS PERFORMED | 17 | | | | | | | | YES 🗌 | NO 🔀 |
| MEDICAL CERTIFICATION | 210. EXTERNAL | | 21b. TIME OF | INJURY Month, Doy, Yes | ar | 21c. HOW INJURY OF | CCURRED (Ent | ter notur | e af injury in l | Part 1 ar | Port 2, Ite | em 1B. | .) | |
| DICAL | CAUSE OF DEAT | R CONTRIBUTING [| HOUR A. | M. 19 | | | | | | | | | | |
| ME | 21d. INJURY OC | | PLACE OF INJURY (| At home, farm, street, | | 21f. LOCATION Street | or R.F.D. No. | | City or To | nwr | | Cou | unty | State |
| N. | AT WORK A | T WORK | ctory, office buildin | ig, eic.) | | | | | | | | | | |
| | 22a. I | certify that I t | oak charge af t | he remains describ | ed aba | ve, held an Auto | psy 🗍 | Ins | pectian 3 | c Inc | uiry X | 1, | and in my | apinian |
| 1 | | sulted fram: | | ses 🗀 🛪 Accide | | Suicide , | Hamicid | - | Undetern | nined r | nanner | | | |
| | | 1 | 1 // | 1/ | | 7 CHI | EF MEDICAL I | EXAMINE | R \square | | | 50 | | |
| | SIGNATURE | 6 | des | ret | 24 | M.D. ASS | ISTANT MEDI | CAL EXA | MINER | | 22b. DATE | | | |
| | EXAMINER'S | 1 | | 1 | | | PUTY MEDICA | L EXAMI | NER 💂 | J. IT. | | 9- | 2-68 | |
| | NAME (Type) | Jo | hn Kehoe | , M.D., Ri | ver | | | | wn, ar caunty) | | | | | VIS. |
| 230 | BURIAL, CREMA | ION, 23b. | DATE | | | RY OR CREMATO RY | | 23d. | LOCATION (Cit | y ar Tow | n) | (Coun | ity) (St | ate) |
| | REMOVAL (Special | Se | pt 5, 19 | 00 | | n Cemetery | Y | Col | lmar Ma | nor | Pro | Ge | o Md. | |
| 24. | FUNERAL DIRECT | OR / | | ADDR | | | 2So. REC'D | | | | GISTRAR'S | | _ | |
| | | T. · | uascn's | Sons Hyat | LSV. | rite, Md. | DASFP | 5 | 1968 | go | last | A | Judge | |

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 1. DECEASED-NAME | First | | Middle | CERTIFICA | Lost | DEATH | 2a. DA | ATE OF DEA | ATH | | | 2b. | HOUR |
|---|---|--|---|--|---------------------|---|------------------|--------------------------|-------------------------------------|-------------------------|----------------------|-------------------------|-----------------|
| (Type or print) | Ma | rgaret | | Water | rs | | Sep | pt. | Manth 23, | Doy 196 | 8 eor | 7:1 | L5PM |
| 3. SEX | | 4. RACE | | | S. DATE OF BI | | | | AGE (In years ast birthday) | IF UND | DER 1 YEAR | IF UNDER | 24 HRS. MIN. |
| Female | | Caucas | | | 3/21/1 | | | | 3/ YF | RS. | | | |
| 7o. BIRTHPLACE (State or country) | fareign 7b | . CITIZEN OF WE | HAT COUNTRY? J S A | 8. MARRIED [WIDOWED [| NEVER MAR | RIED 🔀 | | TY OF DE | ath George's | 5 | | | Md |
| ID. CITY OR TOWN OF DEA | ТН | | AME OF HOSPITAL OR IN street address) Lnce Geo.G | | | | JAL OCCUPA | ATION (Ki | nd of work dor , even if retired | ne 12t | o. KIND OF Dustry | BUSINESS | S OR |
| 13a. USUAL RESIDENCE (W odmissian) SIATE Maryland | here deceased | lived, if institut | | | TOWN | 13d. INSIDE CITY | | | Sath Ax | zenue | 17 | | |
| 14. FATHER'S NAME | irst | Middle Waters | Last | | MOTHER'S MA | AIDEN NAME | First | | Middle | | | Last | |
| 16a. WAS DECEASED EVER Yes, na, ar unknawn) | | FORCES? dates of service) | 166. SOCIAL SECURITY 577 60 59 | | iformant largare | et Mit | telse | etter | Address Che | everl | у, М | id. | |
| PART I. DEATH Conditions, if only, we rise to immediate stating the underly last. | WAS CAUSED B' IMMEDIATE hich gave | Y: CAUSE (a) Se DUE TO, OR A | ne far (a), (b), and (c) EVETE STEN AS A CONSEQUENCE OF | osing o | | <i>a</i> | infa | arcti | osis wi on, mas ateral. | sive | SETWEEN (| MATE INTER ONSET ANO | DEATH |
| 14201 | IFICANT CONDIT | | TING TO DEATH BUT N | OT RELATED TO | THE TERMINA | L DISEASE OR | CONDITION | N GIVEN IN | PART 1(o) | | | | |
| 190. DATE OF OPERATION OF THE PROPERTY OF THE | ON 19b. CON | IDITION FOR WH | ICH OPERATION WAS PE | RFORMED | 2Da. AUTO | | | 2Db. IF YES CAUSES OF | S, WERE FINDING DEATH? | | ERED IN C | ERTIFYIN | G |
| 210. ACCIDENT WAS | CAUSE OF DEATH | | FINJURY Month Day Year | | W INJURY OCC | URRED (Ent | ter nature o | of injury in | n Part 1 ar Part | | B.) | | |
| While Nat while | | q | (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. | 1 | CATION Stree | | | City or | | Cau | | | Stote |
| 22a. I certify the saw the de causes stat | at (I) (this) ceased alive ed above, (I | respitat) atto e an Seq () (did) | ended the deceas ot 23 (MANN) view the | ed fram 19 68 _, and bady after d | that in (m | /, 19 _/ у) (ожа) сар | oinian de | a <u>Sep</u> eath acc | urred an the | 19 <u>68</u> date ar | _, that nd havr | and fro | las am the |
| 22b. SIGNATURE | 1) | Jali | Qb- | DEGRI | 1 (113) | XX | MED. DIRECTOR | | TAFF D | Sept | | , 19 | 968 |
| 22d. PHYSICIAN'S NAME (Type) | Ohanne | s Sahal | kyan, M. D | • | 22e. ADD 6001 | | over | Rd., | Chever | Ly, M | aryl | and | |
| 230. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DAT 9/26 | | | ncoln | | _ | Co | olmar | City or Town) | Pro | | 785m | 9) |
| 24. FUNERAL DIRECTOR F. Ga | sch's | Sons H | ADDRESS yattsville | | | 25a. REC'D DATE | | | 25b. REGISTRA | AR'S SIGNA | | nego | L |

death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by a director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pag shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 hours. uted within 24 hour exe eq TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.

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| Fo 8 | ms9189 | 21a-22a | n film | MARY | LAND STATE | DEP/ RESTO | ARTMENT O | F HEALT | H MARYI | LAND 21201 | | | | |
|---------------|--|---------------------|--------------------------------|------------|-----------------------|------------------------|-----------------------------|------------------|------------|--|----------------|-----------|--------------|----------|
| | 1346 | 7 | | | EXAMINER | | | | | | 134 | 79 | | |
| | ECEASED-NAME | Fire | st | | Middle | | Last | | | 2a. DATE KNOWN | Manth | Day | Year | 2b. HOUI |
| (| Type or Print) | RICHA | RD | | * 1 | | WEBER | | | OF ESTI- DEATH MATED | _ _ 9 | 23 | 88 | 7 |
| 3. S | EX | 4. RACE | S. DATE O | F BIRTH | | (in years pirthday) | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER | 24 HRS. | 2c. DATE PRONOU | NCED DEAD | | | 2d. HOU |
| Ma | ale | White | Jun | e 25 | ,1939 29 | | | HOUKS | MIN. | Month 9 | Day 23 | 3 Ye | 1968 | 2 |
| | BIRTHPLACE (State | e or foreign | 7b. CITIZEN O | F WHAT (| UNTRY? 8 | . MA | RRIED NEVER A | ARRIED [| 9. COL | UNTY OF DEATH | 1,464 | | | 10 |
| caun | New New | York | | SA | | | | VORCED | | Prince | | | | N |
| 10. 0 | ITY OR TOWN O | FDEATH | | 1. NAME (| OF HOSPITAL OR INS | MOITUTITE | (If not in hospit | al 12a. | USUAL OC | CCUPATION (Kind of | work done | 12b. K | IND OF BUSI | NESS OR |
| | Hyatts | ville | | 1 | looded an | eas | | Re | sear | CCUPATION (Kind at if warking life, eve Ch Tech. | i ir renired.) | Ü | S Gov | |
| 130. | USUAL-RESIDEN dmission) STATE | | ised lived, if i | | Residence befare | | | 13d. INSIDE CITY | | Dr. Oxon | UMBER 7 | 525 | Abbin | gton |
| | | 110. | | 1. | r. Geo. | Ux | on Hill | YES [X] | | For | -Hole | bird | | |
| 14. F | ATHER'S NAME | First | N | liddle | last | | IS. MOTHER'S M | AIDEN NAME | First | | Middle | | Last | |
| 1/ | | loward | TO D CECO | _ | leber | | | Ma | rie | | | | ummer | |
| | es, no ar unknov | ER IN U.S. ARMED | e war or dates of ser -1964 | | SOCIAL SECURITY NO |). | 7. INFORMANT | | | | | | Abbir | igton |
| | Yes | | | | | | Victor | ria M. | Web | er . | 0r.03 | con F | APPROXIMATE | Md. |
| | 18. CAUSE OF | DEATH (Enter of | nly ane cause | | r (a), (b), and (c).) | orti. | 1 - 0 - 1.1 | a aba |) - m - : | | | В | ETWEEN ONSET | |
| 17 | 915 | IMMED | IATE CAUSE (a) | | hotgun | woun | ia of tr | le and | lome. | 11 | | | | |
| | Canditions if | inv which nave | |), OR AS A | CONSEQUENCE OF | | | | | | | 1140 | | |
| | (anditions, if any, which gave rise to immediate cause (a), (b) | | | | | | | | | | | | | |
| | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | | |
| | (t) | | | | | | | | | | | | | |
| - | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | | | | | |
| CERTIFICATION | 19a. DATE OF O | PERATION . | 100 | 19b. | CONDITION FOR W | HICH OPI | RATION | | | | | 12 | 20. AUTOPSY | ? |
| TIFIC | | | | | WAS PERFORMED? | | | | | | | | YES X | NO 🗌 |
| | 210. EXTERNAL | | | E OF INJUR | Y Manth, Day, Year | 2 | 1c. HOW INJURY | OCCURRED (E | nter natu | ure of injury in Part | 1 ar Port 2, | Item 18.) | | No. |
| MEDICAL | CAUSE OF DEAT | R CONTRIBUTING H | | P.M. | 8-24 19 | 68 | Shot | with | Shot | tgun | | | | |
| WE | 21d. INJURY OC | | PLACE OF INJU | IRY (At ha | me, farm, street, | 2 | 1f. LOCATION Stre | et ar R.F.D. N | O. | City or Town | 1996 | Caur | nty | Stote |
| 57 | AT WORK | T WORK T | Wood | S S | .1 | | | | | Hyattsv: | ille | PG | | Md |
| | 22a. I | certify that I | took chorge | of the re | moins describe | d abav | e, held an Au | topsy XX | lns | spection, | Inquiry [|], | and in m | y opinia |
| | death re | sulted fram: | Natural | causes. | , Akcident | | Suicide | Homici | de X | , Undetermine | ed manne | r 🔲 | | |
| | | JAO | 1 | V | 1,) 10 | _ \ | (| HIEF MEDICAL | EXAMIN | IER | | | | |
| | ACTUAL SIGNATURE _ | Par | 200 | 0 | WIN | 7 | M.D. A | SSISTANT ME | DICAL EXA | AMINER XX | | TE SIGNED | | |
| | EXAMINER'S | | | | | | | EPUTY MEDIC | | | 9/3 | 0/68 | | |
| | NAME (Type) | Ec | lward F | . Wi | lson, M. | D | | DDRESS(Stree | | own, or county) | | | | |
| 23a. | REMOVAL (Spec | TION, 23b | . DATE | | 23c. NAME OF C | EMETERY | OR CREMATORY | | | . LOCATION (City or | | (Count | | ale) |
| 24 | REMOVAL (Special FUNERAL DIRECT | |)-5-68 | | Resu | | tlon | 25a. REC | | Clinton | REGISTRAR | Geo. | | • |
| 24. | | | 1 Home | 4308 | Suitlar | | d. S. E. | | | | | SIGNAL | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | -1101110 | 7,00 | | | | DATE | ICI | 7 1968 | ful | ares | Jus | - |

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CANCE THE REPORT OF THE PROPERTY OF THE PROPER The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21703480 13468 CERTIFICATE OF DEATH 1. DECEASED-NAME 2g. DATE OF DEATH First Middle Last (Type or print) Manth 6. AGE (In years last birthday) 4. RACE in 24 hours after 3. SEX DATE OF BIRTH the attending physician and campletely filled in by the sit permit. Then please remave carban papers. Pagination, ar remaval, and in any event, within 72 haurs a 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED | NEVER MARRIED country) WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done give street address during mast of warking life, even if retired.) Housewife 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN admission) STATE 13b. COUNTY-14. FATHER'S NAME Middle **PHYSICIAN:** The law requires that the death certificate be ex First Middle Last 4 IS. MOTHER'S MAIDEN NAME First 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. ar unknawn) (If yes give war or dates of service) 1024 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 110 crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) signed by the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital ar attending physician. stating the underlying cause burial, last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Nat while at wark 22a. I certify that (1) (this haspital) ottended the deceased from..... 9-10 19 68, and that in (my) (our) opinion deoth accurred on the date and hour ond from the saw the deceased alive ancouses stated obove, (1) (we) (did) (did nat) view the body after deoth 22b. SIGNATURE

director, page 3 should should be filed with the VR A15 (4) 30M REV, 1/68

PHYSICIAN'S

NAME (Type)

22d.

23d. LOCATION (City or Town) 23b. DATE (County) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) FUNERAL DIRECTOR 13 DATE SEP 1968

DEGREE

ATTENDING

22e. ADDRESS

PHYS.

2b. HOUR

IF UNDER 24 HRS

HOURS

IF UNDER 1 YEAR

INDUSTRY

County

22c. DATE SIGNED

9.10.68

Truckie Hear

STAFF PHYS.

DIRECTOR

CAYS

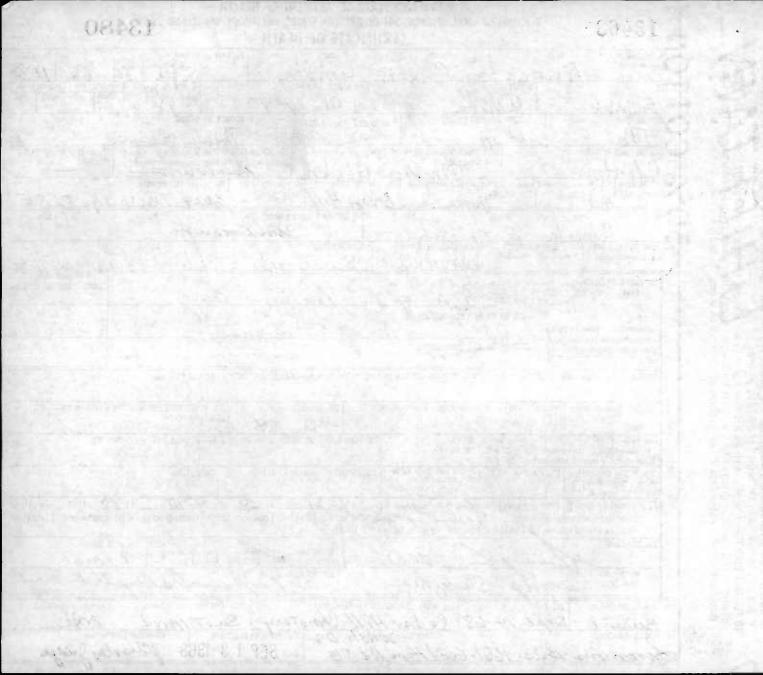
12b, KIND OF BUSINESS OR

BETWEEN ONSET AND GEATH

State

MONTHS

YRS



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212013481

| 10 | 売りま | | C | ERTIF | ICATE OF | DEATH | | E V | | | |
|----------------------------------|--|--------------------------|---|---------------------|-----------------------|---------------------|------------------|--|-------------|-----------------------------|---------------------------------|
| 1. DECEASED-NAI (Type or prin | 43 | iise | Middle A • | | last White | | 2a. D. | ATE OF DEATH Month September | | 1968 | 2b. HOUR 8:10A |
| 3. SEX | | 4. RACE | | | S. DATE OF E | | | 6. AGE (In ye | ars | IF UNDER 1 YEAR AONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. |
| Fema | | Negr | | | | 1299 | | | YRS. | | |
| o. BIRTHPLACE country) | (State ar fareign inia | 7b. CITIZEN OF WE | AT COUNTRY? | 8. MARRIE WIDOWE | D NEVER MA | RRIED RCED | | ITY OF DEATH rince Geor | ges | | M |
| O. CITY OR TOV | VN OF DEATH | | ME OF HOSPITAL OR INST treet address nn Dale Ho | | | during m | ast of wo | PATION (Kind of work orking life, even if re retired | tired.) | 12b. KIND OF INDUSTRY | BUSINESS OR |
| 13a. USUAL RES odmissian) ST/ | | ed lived, if instituti | on: Residence before | | OR TOWN ., D.C. | 13d. INSIDE CITY LI | | 329 Ups | BER | | |
| 14. FATHER'S NA | ME First | Middle | Last | | 15. MOTHER'S N | AIDEN NAME F | irst | | iddle | | Lost |
| -94° | William | | Lindsey | | Mar | у | 37 | | D | avenpo | rt |
| 16a. WAS DECE | SED EVER IN U.S. ARM | MED FORCES? | 16b. SOCIAL SECURITY NO | D. 17 | 7. INFORMANT | | | Ade | dress | | 120.00 |
| Yes, na, ar ur | iknawn) (ii yes give w | and of agles of service) | 578-30-644 | 7 | Deced | ent | | | | | |
| 18. CAUSI | OF DEATH (Enter an | ly ane cause per lir | e far (a), (b), and (c).) | | | | | | 1 | | WATE INTERVAL NSET AND DEATH |
| PART | I. DEATH WAS CAUSED | BY: Br | onchopneum | onia | | | | | | 1 wee | |
| 40 | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia 4339 DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | Conditions, if ony, which gave (b) Multifocal encephalomalacia | | | | | | | | | | |
| | lise to inimediate couse (a), | | | | | | | | | | |
| last. | stating the underlying coose | | | | | | | | | | |
| PART 2 O | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) | | | | | | | | | | |
| Chr | Chronic pyelonephritis; marked osteoarthritis | | | | | | | | | | |
| <u> </u> | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES X NO CAUSES OF DETERMINENT OF THE STATE OF T | | | | | | DINGS COI | NSIDERED IN CE | RTIFYING | | |
| ☐ OR CONTR | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 31c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 31d. HOUR A.M. Month Doy Year 31d. HOUR A.M. Month Doy Year 31d. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 31d. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) | | | | | | | | | | |
| ZIQ. INJUI | RY OCCURRED 21e. Nat while of wark | PLACE OF INJURY | AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC. | ORY.) 21f. | LOCATION Stre | | | City or Town | | County | State |
| sav | 22a. I certify that the (this haspital) attended the deceased fram. 4/1//, 19.68, ta 9/3/, 19.68, that XX (we) last saw the deceased alive an 9/3/ 19.68, and that in (XX) (aur) apinian death accurred an the date and haur and fram the causes stated above, (the (did) (did (did (did (did))) view the bady after death. | | | | | | | | | | |
| 22b. SIGNA | TURE M | ine Ne | m | DE | ATTEND PHYS. | | MED. DIRECTOR | | | 3/1968 | |
| 22d. PHYS NAM | ICIAN'S E (Type) Moe We | iss, M. I |). | | 22e. AD | Gler Gler | nn D | ale Hospi ale, Mary | tal land | | |
| 23a. BURIAL, CE REMOVAL | (Specify) | DATE 168 | | | or crematory cm. Cem. | | S | OCATION (City or Tow uitland, 1 | Maryl | | (Stote) |
| 1/200 | irector culps | inera | ADDRESS | 38 | an | DATE SE | | | Clas | IGNATURE DAG | del |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pushauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within VR A15 (4) 30M REV. 1/68

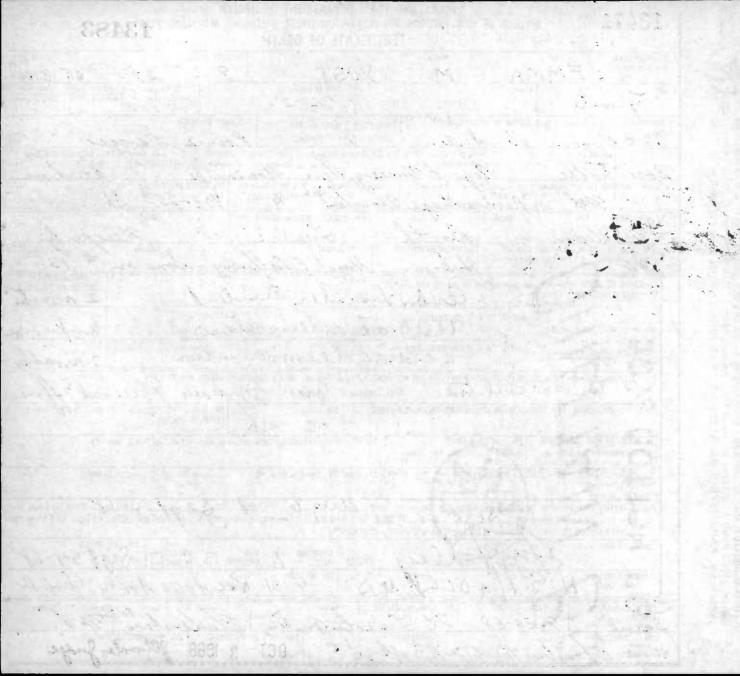
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

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| 70.8 | | 13470 | DIVISION | | | E OF DEATH | IMORE, MAI | 13 | 482 | |
| eath. | | EASED-NAME | First mer | Middle R. | | lost ight | 2a. DATE OF | | | 2b. HOUR |
| s after death. the funeral ages 1 and 2 | 3. SEX | | 4. RACE | White | S. D | ate of Birth an 12, 191 | 6 | 6. AGE (In years last birthday) | IF UNDER 1 YEAR MONTHS OAYS | IF UNDER 24 HRS. HOURS MIN |
| 4 haurs | 7o. Bli countr | RTHPLACE (State ar fareign | | WHAT COUNTRY? | 8. MARRIED N | IEVER MARRIED DIVORCED | 9. COUNTY OF | | e | N |
| completely filled in by the funeral over carbon papers. Pages I and if y event, within 72 hours after death | | y or town of death Riverdale | gi | NAME OF HOSPITAL OR IN ve street address) Eingene Lel | and Memor | rial Film | AL OCCUPATION ast of working Specia | (Kind af wark dane life, even if retired.) List | 12b. KIND OF | |
| executed with | admiss | SUAL RESIDENCE (Where of ion) STATE Maryl | and 13b. COUNTY | Prince Geo | rge Rive | erdales 🗀 🗙 No | 48: | REET AND NUMBER 16 Madison | St., | APPROXIMATE INTERVAL BETWEEN OBJECT AND DEATH APPROXIMATE INTERVAL BETWEEN OBJECT AND DEATH DATE RED IN CERTIFYING State , that (I) (we) load hour and from the control of the contro |
| an a | | THER'S NAME First Samu VAS DECEASED EVER IN U.: | 0 | | | THER'S MAIDEN NAME F | | Middle | | Lost |
| physici nen ple nova, a | Yes | y, no, or unknown) (if ye | es give war or dates of service) W W 11 | 436 14 31 | .08 Sp | ouse & Medi | | cords | APPROXIA | MATE INTERVAL |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate to exercise by the hospital ar attending physician. NRECTOR: After this certificate has been signed by the attending physician and contained by the attending physician attending physician and contained by the attending physician and contained by the attending physician attending physician attending physician and contained by the attending physician a | () () | 8. CAUSE OF DEATH (En PART 1. DEATH WAS (10 10 10 10 10 10 10 10 10 10 10 10 10 1 | DUE TO, O gove) (b) | R AS A CONSEQUENCE OF | P:ACHNO | 110 HEM | ORRHA | ζ <u>ε</u> | BETWEEN O | SET AND DEATH |
| he law requi attending phy nas been sign e as the bur n priar to bur | × L | PART 2. OTHER SIGNIFICAN 90. DATE OF OPERATION | | BUTING TO DEATH BUT N | | E TERMINAL DISEASE OR (20a. AUTOPSY? YES NO | 20b. IF | N IN PART 1(a) YES, WERE FINDINGS OF DEATH? | CONSIDERED IN CE | ERTIFYING |
| IYSICIAN: T hospital ar c certificate ched far us thed far us pt. af Health | MEDICAL | TIO. ACCIDENT WAS UNDITION OF CAUSE If either, notify medical of the country of t | of OEATH HOUR A.I | OF INJURY M. Month Doy Yeor M. 1 Y (AT HOME, FARM, STREET, FA | 9 | NJURY OCCURRED (Ente | - 4 | ry in Port 1 or Part 2, | Item 18.) | State |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-trained by should be filed with the State Dept. af Health priar to burial, cre | | While Not while twork 220. I certify that (I sow the decease couses stated a | l) (this hospitol) o | | ed from 9 | ot in (my) (our) opi | nion deoth | DR. KEHE | DER , that ote and hour of DATE SIGNED | (I) (we) lo and from the |
| may be re may be re ray brong 1 your 1 you had be re | П | 22d. PHYSICIAN'S NAME (Type) | J. Ho | UMANN | DEGREE D | nn ADDDECC | AED. DIRECTOR PIVER | STAFF PHYS. | | 68 |
| TO HOSPITAL Page 4 may TO FUNERAL director, pag | 230. | BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9/13/68 | Baltim | CEMETERY OR XXX ore Nati | onal | D | ON (City or Town) altimore, | (County) Md. | (State) |
| VR A13 (4) 30M REV. 1/68 | 24. F | UNERAL DIRECTOR | Gasch's | Sons Hyatt | | | REGISTRAR | 25b. REGISTRAR | S SIGNATURE | ye |

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| | | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212012483 | |
|--|---------------|--|--|
| 1 | I | tems#4,5,&6, FilmG405 10/7/68 km CERTIFICATE OF DEATH | |
| de of the second | | DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) EMMA M. YOST 9 Month 2 Doy Yea | or 8:00 M |
| the offer of | 3. SI | SEX Finale 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) YRS. White 12-30-84 S. DATE OF BIRTH NONTHS (IN MONTHS) | YEAR IF UNDER 24 HRS. OAYS HOURS MIN. |
| 24 haurs aft d in by. the pers. Page 72 haurs af | 7o. Cour | BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED PRINCE STORE | Md |
| d within 24 ho | 10. (| and out of the | |
| campletely filled to yevent, within 77 | | o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN And INSIDE CITY LIMITS? 13e STREET AND NUMBER mission) STATE 13b (OUNTY) | - Alme |
| e execut and cam remave n any ev | 14. 1 | FATHER'S NAME First Middle Lost Sts. MOTHER'S MAIDEN NAME First Middle | last |
| inflicate be executed within 24 haurs after death physician and campletely filled in by the forecal en please remave carban papers. Pages I produced, and in any event, within 72 haurs after ream | 16a. | ia. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give war or dates of service) 17. INFORMANT Address | - 13 |
| In certification of the company of t | | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I, DEATH WAS CAUSED BY: | PPROXIMATE INTERVAL WEEN ONSET AND DEATH |
| the office permit from ar | | Canditions, if any, which gove) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) | - Ku ha |
| s that the tian. I by the transit proceed. | | rise to immediate couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF course lost. | marchic |
| | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | 08 Min |
| AN: The law re all or attending icate has been for use as the Health prior to l | CERTIFICATION | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? YES NO 2Db. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH? | IN DESTIFYING |
| AN: 1 al or icate far us Healt | MEDICAL CERT | | |
| | MED | 21d. INJURY OCCURRED While of work of | Stote |
| ATTENDING stained by th CTOR: After t should be d ith the State | | 22a. I certify that (I) (this hospital) attended the deceased fram Color (e., 19 (et., 1a) 19 (et.) 1 | that (I) (we) last hour ond from the |
| OR ATTENIED be retained DIRECTOR: A page 3 should ed with the | | 22b. SIGNATURE 22c-DATE SIGNI MED. STAFF 22c-DATE SIGNI | |
| CO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h O FUNERAL DIRECTOR: After this director, page 3 should be detac should be filed with the State Dep | | 22d. PHYSICIAN'S NAME (Type) H. J. H. A DLEY M. D. 22e. ADDRESS 1.00 Nac Hols Augsu. | Wook Dr |
| TO HOSPITAL Page 4 may TO FUNERAL E director, pag shauld be fill | 230 | BURIAL CREMATION, SEMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 25d. LOCATION (City or Town) | (State) |
| VR A15(1) | 24. | 4. FUNERAL DIRECTOR ADDRESS | udge |



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

| 13475 | | | CERTIFICA | TE OF DEATH | | 13 | 3485 | | | | |
|--|--|-----------------------|--------------------|-----------------------------|-----------------|---|--------------------|--------------------------------|--|--|--|
| 1. DECEASED-NAME | First | Middle | | Last | 2a. DATE O | | V | 2b. HOUR | | | |
| (Type ar print) | Sherry | L. | Zepk | 0 | Sept | Manth 11, | ^{ay} 1968 | 6:30 N | | | |
| 3. SEX | 4. RACE | | S. | DATE OF BIRTH | | 6. AGE (In years last birthday) | MONTHS OAYS | IF UNDER 24 HRS. HOURS MIN. | | | |
| Female | Caucas | ian | | FB.24, 196 | | - YRS | | MOOKS MAIN. | | | |
| 7a. BIRTHPLACE (State or fo | reign 7b. CITIZEN OF W | HAT COUNTRY? | 8. MARRIED | NEVER MARRIED | 9. COUNTY O | F DEATH | | | | | |
| Marylar | | .A. | WIDOWED [| | | George's | | Mo | | | |
| 10. CITY OR TOWN OF DEAT | | AME OF HOSPITAL OR IN | | | | N (Kind af wark dane g life, even if retired.) | | F BUSINESS OR | | | |
| Cheverly | | ince Geo. | | - | none | | III DOSIKI | none | | | |
| 13a. USUAL RESIDENCE (Who admission) STATE | ere deceased lived, if institu | | 13c. CITY OR TO | | NOTE: | TREET AND NUMBER | | | | | |
| demission) STATE Maryland | | George's | College | PK - | _ 93 | 11 50th Av | enue | | | | |
| | rst Middle | Last | | OTHER'S MAIDEN NAME F | | Middle | | Last | | | |
| Walter W. 2 | | 16 | | onna J. Edv | vards | | | | | | |
| 16a. WAS DECEASED EVER 1 Yes, nd Dounknawn) | N U.S. ARMED FORCES? (If yes give war ar dates of service) | 16b. SOCIAL SECURITY | | DRMANT lter W. Zepk | o In | Same as | #17 | | | | |
| | | | W.C. | roci w. Zepr | 20 01. | Dame as | | IMATE INTERVAL | | | |
| | (Enter anly one cause per l | 1 1 | | | | | | ONSET AND DEATH | | | |
| TAKI I. DOAIII Y | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diffuse liver fibrosis with hepatic. failure. | | | | | | | | | | |
| 1516 | | | | | | | | | | | |
| | Conditions, if any, which gave rise to immediate cause (a), (b) | | | | | | | | | | |
| stating the underlying | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| _ | last. (c) | | | | | | | | | | |
| PART 2. OTHER SIGNI | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | | |
| 19g. DATE OF OPERATIO | ON 196. CONDITION FOR W | HICH OPERATION WAS P | FREORMED | 20a. AUTOPSY? | 20h | F YES, WERE FINDINGS | CONSIDERED IN C | FRTIEVING | | | |
| 19a. DATE OF OPERATION 21a. ACCIDENT WAS | JA 175. CONDITION FOR WI | TICH OF EXAMON WAS I | LKI OKINLD | YES XX NO | CAUSI | ES OF DEATH? | CONSIDERED IN C | LKIIIIII | | | |
| 21g. ACCIDENT WAS | UNDERLYING 21b. TIME C | F INTERY | 121r HOW | INJURY OCCURRED (Ente | | Yes | Item 181 | | | | |
| | AUSE OF DEATH HOUR A.M. | Manth Day Year | | TOOK OCCORNED (EITO | i naiore ar inj | ory in run r or run a | ., | | | | |
| OR CONTRIBUTING CONTRIBUTION CO | | | ACTORY, 1 21f LOCA | TION Street ar R.F.D. No | Cit | y ar Tawn | County | State | | | |
| While Nat while at wark | | OFFICE BUILDING, ETC. | 1 2111 200 | 11011 011001 01 11.1.0. 110 | | , | | | | | |
| 22a certify the | 27g cartify that (4) (this hashital) attended the deceased from Sant 9 1969 to Sant 11 1969 that (1)-(1)-(1) | | | | | | | | | | |
| saw the dec | saw the deceased glive on Sept. 11 19.68, and that in (xxx) (our) opinion death occurred on the date and hour and from the | | | | | | | | | | |
| causes stote | 22a. I certify that (1) (this hospital) attended the deceased from Sept. 8, 1968, to Sept. 11, 1968, that (1) (we) las saw the deceased alive on Sept. 11, 1968, and that in (100) (our) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (die) (100) (we) (die) (die | | | | | | | | | | |
| 22b. SIGNATURE | | 0 | 1 | ATTENDING A | AED. | STAFF - | c. DATE SIGNED | | | | |
| 6 | GOLING SERVE PHYS. DIRECTOR PHYS. XX Sept. 11, 1968 | | | | | | | | | | |
| 22d. PHYSICIAN'S NAME (Type) | Educin I | M D | | 22e. ADDRESS | 1- (| Con!l Ween | Chamai | ha Ma | | | |
| | Edwin J. Jen | | | Prince Geo | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE Sept13, 196 | | ivet Cen | | Wash | ION (City or Town) ington D (| (Caunty) | (State) | | | |
| Burial 24. FUNERAL DIRECTOR | peptio, 190 | ADDRES | | | BY REGISTRAR | 2Sb. REGISTRAF | | | | | |
| 24. FUNERAL DIRECTUR | F. Gasch's | | attsvill | | | | corles le | . 100 | | | |
| | 2 0 ((0.0.0)11) | | | DAIL OF | LTI | NOO FO | A MAN | 4754 | | | |

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| Sept. 11, 1968 0:10 | Zanko | Showri L. | |
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| Prince George's | | | a lyse |
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| M. Begg. 11, 1966 | | | |
| corse's Con'l Hosm. Chayers, Yo. | Prince F | details tender it also | |
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